CITY OF SOUTH SAN FRANCISCO
PARKS AND RECREATION DEPARTMENT

NON-PROFIT GROUP CO-SPONSORSHIP
ANNUAL RENEWAL REPORT FOR YEAR
Due: 06/02/2026

CLUB/ORGANIZATION Historical Society of South San Francisco, Inc.

PREPARER'S NAME Julie Chimenti **TITLE** Treasurer

ADDRESS 80 Chestnut Avenue

CITY South San Francisco **STATE** CA **ZIP** 94080

PHONE NUMBER (650) 829-3825 **E-MAIL** info@ssfhistory.org

Please review the list of required documents and return them with your completed application:

- ☒ Current Officers Roster (page 2)
- ☒ Program Report (pages 3-4)
- ☒ Financial Statement (pages 5-7) or *attach (must include all revenues & expenditures and match Beginning & Ending balances from Bank Statements)*
  - ☒ Copies of January 2025 and December 2025 Bank Statements, *attach*
- ☒ Statement of Compliance with Co-Sponsorship Agreement (page 8)
- ☒ Current Certificate of General Liability Insurance, *attach*
  - ☒ Supplemental Self-Insured Retention (SIR) Questionnaire, *attach*
  - ☒ City of South San Francisco must be listed as additionally insured, *attach*
- ☒ Current Certificate of Workers Compensation Insurance or Statement of Waiver (if no employees), *attach*
- ☒ Co-Sponsored Permit Fee, *attach*
- ☒ Current Membership Roster (Must include addresses for all participants), *attach*
- ☑ Copy of Organization's Bylaws, *attach*

All non-profit organizations must file appropriate tax returns in accordance with the law. Please note that the City may audit your records and you would be required to comply with our requests to produce relevant documents.

Historical Society of South San Francisco, Inc.

OFFICERS ROSTER

To be submitted with annual renewal and whenever officers change. An officer includes executive officer positions, board of directors, trustees, agents, or other leadership roles with control or substantial influence over the organization's policies or operations as may be designated by the organization bylaws.

NAME John Penna TITLE President
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Rich Garbarino TITLE Vice-President
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Ginny Tilton TITLE Vice-President
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Julie Chimenti TITLE Treasurer
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Denise Fernekes TITLE Secretary
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Donna Smith TITLE Officer
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

NAME Lynn Boldenweck TITLE Director
ADDRESS [redacted]
CITY South San Francisco STATE CA ZIP 94080
PHONE NUMBER [redacted] E-MAIL info@ssfhistory.org

☑ Check if additional officers are listed on a supplemental sheet

Number of Officers: 9

Number of officers who are residents of South San Francisco: 9

Percentage of Officers who are SSF residents: 100%

PROGRAM REPORT

I. MEMBERSHIP:

Total number of members as of 12/31/23:	227
Total number of members as of 12/31/24:	221
Number of members as of 12/31/24 who are South San Francisco residents:	146
Percentage of members as of 12/31/24 that are South San Francisco residents:	66%
Net Membership Gains (Losses):	(6)

Staff reserves the right to request additional documentation from the membership as verification of residency.

Please describe any membership requirements (100 word limit):

Membership, which runs on a calendar basis and expires annually on December 31st, is open to anyone who pays an annual fee of $15/person or $20/family.

If your membership or officers is less than 51% South San Francisco residents, please describe efforts you have made or plan to make to increase the ratio (250 word limit):

N/A

Annual Membership Fees/Dues: $ 15.00

Form(s) of Payment accepted: Cash, Check or Credit Card

Describe how fees are collected (auto-pay, in person, mail) and reported:

Members can mail or drop off payments to the Society's office at 80 Chestnut Avenue, SSF CA 94080

II. BOARD MEETINGS

Meetings are held monthly on the third (3rd) Monday

of _____ at 03:30 p.m.

Location of meetings: 80 Chestnut Avenue

Are meetings open to the public? Yes Average # of attendees: 15

III. CLUB ACTIVITIES

A: Describe the **on-going** activities put on by your organization for the membership in a calendar year:

ACTIVITY/TYPE	LOCATION	FREQUENCY (1 x week. etc.) Please indicate season dates, if any.	TOTAL # ACTIVITY MEETINGS PER YEAR	AVG. # MEMBERS ATTENDING (Each Activity)	TOTAL # PARTICIPANTS PER YEAR
Meet & Greet	Roberta Cerri Teglia Center	quarterly	4	25	100

B: Describe the **one-time** events put on by your organization for the membership in a calendar year:

ACTIVITY	DATE(S)	LOCATION	# ATTENDING Members	# ATTENDING Others
Fundraising Event	7/19/25	Plymire House - Tea	50	50.00
Fundraising Event	8/16/25	Chestnut Ave - Rummage Sale	50	75.00
Fundraising Event	10/4/25	Plymire House - Garden Party	40	10.00
Fundraising Event	11/21/25	Basque Cultural Center - Award Banquet	50	35.00

FINANCIAL STATEMENT

INCOME/REVENUE:

CONTRIBUTIONS, gifts, grants

SOURCE	FORM	AMOUNT
Ex.: Amateur Athletic Foundation	Grant	500.00
Historical Society	Donations	10,441.00
Plymire House	Donations	25,663.00

TOTAL CONTRIBUTIONS, gifts, grants 36,104 (A)

PROGRAM revenue

Ex.: Registration Fees	Annual	900.00

TOTAL PROGRAM revenue 0 (B)

MEMBERSHIP fees/dues

Ex.: Membership Dues	Monthly	300.00
Membership Dues	Annual	3,910.00

TOTAL MEMBERSHIP fees/dues 3,910 (C)

Inventory/Concession Sales

Gross Receipts:		9,606.00
Gross Receipts:		2,017.00

Gross Profit from Sales: 11,623 (D)

SPECIAL EVENTS/fundraisers (net profit)

07/04/2018	Independence Day Picnic Fundraiser	800.00
8/16/25	Rummage Sale	4,339.00
11/21/25	Awards Banquet	3,255.00
7/19/25	Victorian Tea	3,910.00
10/4/25	Garden Party	2,000.00

TOTAL SPECIAL EVENTS/fundraisers 13,504 (E)

OTHER (please describe)

Ex. Money Market Interest	Income	13.75
Miscellaneous		174.00
CD Interest		56.00

TOTAL OTHER 230 (F)

TOTAL REVENUE 65,371 (G)

OPERATING EXPENSES:

	AMOUNT
Grants and allocations (attach schedule)	
Cash $	
Non-cash $	
Specific assistance to individuals (attach schedule)	
Benefits paid to or for members (attach schedule)	
Compensation of officers, directors, etc.	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Professional fundraising fees	
Accounting fees	
Legal fees	
Supplies	4,758.00
Telephone	
Postage and shipping	310.00
Occupancy/Rental	6,791.00
Equipment rental and maintenance	
Printing and publications	3,340.00
Travel	
Conferences, conventions, and meetings	
Interest	
Depreciation, depletion, etc. (attach schedule)	
Advertising	
Bank Charges	143.00
Registration Fees Paid	
Equipment/Supplies	2,625.00
Promotion	
Subcontractors	
Team Clothing, etc.	
Repairs & Maintenance	41,150.00
Value of Inventory	800.00
Liability Insurance	3,596.00
Other (itemize):	
Taxes & Fees	82.00
TOTAL	63,595 H

STATEMENT OF EQUITY
For the Year ending 12/31/2024

	CHANGES	BALANCE
❶ Beginning Balance (01/01/2024)		$ 189,078.00
CONTRIBUTIONS, gifts, grants	36,104 (A)	
PROGRAM revenue	0 (B)	
MEMBERSHIP fees/dues	3,910 (C)	
Gross Profit from Sales	11,623 (D)	
SPECIAL EVENTS/fundraisers	13,504 (E)	
OTHER	230 (F)	
SUBTOTAL of REVENUE	65,371 (G)	
SUBTOTAL		65,371
Total Liabilities Paid		(63,595) (H)
❷ Ending Balance (12/31/2024)		190,854

☒ I certify that this report and the attached Financial Statement(s) are correct and true, and agree to a review of the records of the club by a representative of the City of South San Francisco, if requested.

Julie [illegible]
Treasurer

President

June 2, 2026
Date

I understand that I, or an organization representative, shall attend the Parks and Recreation Commission meeting for the month our organization is agenized for renewal.

The date for this meeting will be announced.

CO-SPONSORSHIP ANNUAL STATEMENT OF COMPLIANCE

I (we) have reviewed the executed Co-Sponsorship Agreement and hereby certify that the Organization remains in compliance with all obligations under the Co-Sponsorship Agreement.

I (we) certify that the information provided in to the City is accurate. I acknowledge that I will promptly provide the City with any changes from what was originally provided in the Application for Co-Sponsorship. I hereby acknowledge that any material misrepresentations will result in immediate termination of the Co-Sponsorship Agreement and any related privileges.

Club/Organization Name: **Historical Society of South San Francisco, Inc.**

Signature: Julie Chimenti

Print Name: Julie Chimenti

Title: Treasurer