

**CITY OF SOUTH SAN FRANCISCO
PARKS AND RECREATION DEPARTMENT**

NON-PROFIT GROUP CO-SPONSORSHIP
ANNUAL RENEWAL REPORT FOR YEAR
Due: 05/24/2024

CLUB/ORGANIZATION	San Mateo County Athletic Club		
PREPARER'S NAME	████████████████████	TITLE	President
ADDRESS	██		
CITY	██████████	STATE	CA
		ZIP	94080
PHONE NUMBER	██████████	E-MAIL	████████████████████

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 2023 and December 2023 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.

SAN MATEO COUNTY ATHLETIC CLUB 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 Brian Mansell TITLE President
ADDRESS [Redacted]
CITY [Redacted] STATE CA ZIP
PHONE NUMBER [Redacted] E-MAIL

NAME Patty Gomez TITLE Secretary
ADDRESS [Redacted]
CITY [Redacted] STATE CA ZIP 94080
PHONE NUMBER [Redacted] E-MAIL [Redacted]

NAME Jaime Gomez TITLE Vice-President
ADDRESS [Redacted]
CITY [Redacted]
PHONE NUMBER [Redacted]

NAME Mario Ayar TITLE Officer
ADDRESS [Redacted]
CITY [Redacted]
PHONE NUMBER [Redacted]

NAME Amado Garcia TITLE Treasurer
ADDRESS [Redacted]
CITY [Redacted]
PHONE NUMBER [Redacted] E-MAIL

NAME TITLE
ADDRESS
CITY STATE ZIP
PHONE NUMBER E-MAIL

NAME TITLE
ADDRESS
CITY STATE ZIP
PHONE NUMBER E-MAIL

Check if additional officers are listed on a supplemental sheet

Number of Officers: 5

Number of officers who are residents of South San Francisco: 3

Percentage of Officers who are SSF residents: 0.6

PROGRAM REPORT

I. MEMBERSHIP:

Total number of members as of 12/31/22:	<u>87</u>
Total number of members as of 12/31/23:	<u>154</u>
Number of members as of 12/31/23 who are South San Francisco residents:	<u>97</u>
Percentage of members as of 12/31/23 that are South San Francisco residents:	<u>0.6298701298701299</u>
Net Membership Gains (Losses):	<u>67</u>

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

Please describe any membership requirements (100 word limit):

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):

Annual Membership Fees/Dues: 1200

Form(s) of Payment accepted:

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

Fee is based on two seasons, fall and spring. Fee increases for older age groups.

II. BOARD MEETINGS

Meetings are held on the of at p.m.

Location of meetings:

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

FINANCIAL STATEMENT

INCOME/REVENUE:

CONTRIBUTIONS, gifts, grants

<u>SOURCE</u>	<u>FORM</u>	<u>AMOUNT</u>
Ex.: Amateur Athletic Foundation	Grant	500.00
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CONTRIBUTIONS, gifts, grants 0 **A**

PROGRAM revenue

Ex.: Registration Fees	Annual	900.00
_____	_____	112150
_____	_____	_____
_____	_____	_____

TOTAL PROGRAM revenue 112150 **B**

MEMBERSHIP fees/dues

Ex.: Membership Dues	Monthly	300.00
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MEMBERSHIP fees/dues 0 **C**

Inventory/Concession Sales

Gross Receipts: _____	Description _____	_____
Gross Receipts: _____	Description _____	_____

Gross Profit from Sales: 0 **D**

SPECIAL EVENTS/fundraisers (net profit)

07/04/2023	Independence Day Picnic Fundraiser	800.00
_____	Tournament	14000
_____	_____	_____
_____	_____	_____

TOTAL SPECIAL EVENTS/fundraisers 14000 **E**

OTHER (please describe)

Ex. Money Market Interest	Income	13.75
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL OTHER 0 **F**

TOTAL REVENUE 126150 **G**

SAN MATEO COUNTY ATHLETIC CLUB

REPORT FOR YEAR ENDING 12/31/2023

OPERATING EXPENSES:

	<u>AMOUNT</u>
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	2000
Legal fees	333
Supplies	990
Telephone	_____
Postage and shipping	_____
Occupancy/Rental	2200
Equipment rental and maintenance	_____
Printing and publications	_____
Travel	_____
Conferences, conventions, and meetings	_____
Interest	_____
Depreciation, depletion, etc. (attach schedule)	_____
Advertising	_____
Bank Charges	359.40
Registration Fees Paid	_____
Equipment/Supplies	_____
Promotion	_____
Subcontractors	79881.96
Team Clothing, etc.	_____
Repairs & Maintenance	_____
Value of Inventory	_____
Liability Insurance	_____
Other (itemize):	
Financial Aid	35000
_____	_____
_____	_____
_____	_____
TOTAL	120764.36

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**STATEMENT OF EQUITY
For the Year ending 12/31/2023**

	CHANGES	BALANCE
① Beginning Balance (01/01/2023).....		<hr/>
CONTRIBUTIONS, gifts, grants		A
PROGRAM revenue	112,150.00	B
MEMBERSHIP fees/dues		C
Gross Profit from Sales		D
SPECIAL EVENTS/fundraisers	14,000.00	E
OTHER		F
SUBTOTAL of REVENUE	\$ 126,150.00	G
	SUBTOTAL	\$ 126,150.00
	Total Liabilities Paid	\$ 120,764.36 H
② Ending Balance (12/31/2023).....		\$ 5,385.64

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.

Signed by:
Amado Garcia
C0CE667E776E469

Treasurer

8/9/2024

Date

DocuSigned by:

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President


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 is June 25, 2024

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: SAN MATEO COUNTY ATHLETIC CLUB
Signature: 
Print Name: Patty Gomez
Title: Secretary