Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	he 2021 calen	dar year, or tax yea	ar beginnir	ng 7/(01	, 2021	, and ending	j 6/	'30	,	20 2022	
В	Check i	if applicable:	С							D Employ	er identi	fication number	
	Ac	ddress change	FOREVER BAL	BOA PAF	RK					33-	08495	518	
	X Na	ame change	1549 EL PRA	DO, SUI	TE 1					E Telepho			
	Ini	nitial return	SAN DIEGO,	CA 9210)1					(61	9) 23	32-2282	
	-	nal return/terminated								(01	<i>J</i> , <u>L</u> (32 2202	
	-	mended return								G Gross r	eceints \$	4,487,296.	
	-	pplication pending	F Name and address	of principal of	ficer: PTT	7700011	DADCOCK		H(a) Is this	a group retur			
	, ,,	ppheation penaling	SAME AS C A	BOME.	ELI	ZABEIH	BABCUCK		H(b) Are al	Il subordinates ," attach a list	included		
$\overline{\mathbf{I}}$	Tay.	-exempt status:	11	01(c) () ∢ (ii	nsert no.)	4947(a)(1) o	r 527	If "No,	," attach a list	. See inst	tructions.	
<u>'</u>			W.FOREVERBAI			113611 110.)	4347 (a)(1) 0		III-X Oraum	exemption n	unah au		
K			11		- 1	Other ►							
		n of organization:		rust A	ssociation	Other	L	Year of formation	on: 199	9 W S	State of le	egal domicile: CA	
Pa	rt I	Summar		la maianiam		ai a midia a m.k. a	ativitiaa. IIIO	CIICMATA	T T'NIX	TCTON	7 110	DAILLANCE	
	1		be the organization										
9			<u>'ARK FOR ALL</u> IER ORGANIZA'							GO AND	TN C	COLLABORATION	
Activities & Governance		MIIH OIH	IER ORGANIZA	TTON2 T	N IUC	PARK AN	D THE CO	JMMONTT T					
듣	2	Check this bo	ox ► if the org	anization o	discontinu	od its opera	tions or disr		ro than 1	250/ of its	not acc		
õ			oting members of the								1 3	39	
∞ರ			dependent voting r	-							4	38	
ies.			of individuals emp								5	39	
Ξ			of volunteers (est								6	325	
Act	7a	Total unrelate	ed business revenu	ie from Pa	rt VIII, col	lumn (C), lir	ne 12				7a	0.	
	b	Net unrelated	d business taxable	income fro	m Form 9	990-T, Part	I, line 11				7b	0.	
									F	Prior Year		Current Year	
	8	Contributions	and grants (Part \	/III, line 1h	1)					1,759,3	329.	2,328,944.	
Revenue	9	Program serv	vice revenue (Part	VIII, line 2	g)					55,3		790,650.	
¥e	10	Investment in	ncome (Part VIII, co	olumn (A),	lines 3, 4	I, and 7d)				119,3	342.	97,394.	
ď	11	Other revenu	e (Part VIII, columi	n (A), lines	5, 6d, 8d	c, 9c, 10c, a	nd 11e)			13,5	549.	1,021,684.	
			e – add lines 8 thro							1,947,5	62.	4,238,672.	
	13	Grants and s	imilar amounts pai	d (Part IX,	column (A), lines 1-3	3)						
		Benefits paid to or for members (Part IX, column (A), line 4)											
ø.	15	Salaries, other	er compensation, e	mployee b	enefits (F	Part IX, colu	mn (A), line	s 5-10)		291,4	118.	1,675,209.	
Expenses	16a	Professional	fundraising fees (P	art IX, col	umn (A),	line 11e)							
pen	h	Total fundrais	sing expenses (Par	t IX. colum	nn (D). lin	ie 25) ►	5	14,969.					
X			ses (Part IX, colum			· · · · · · · · · · · · · · · · · · ·				977,4	100	1 520 201	
			es. Add lines 13-17			•						1,530,291.	
						-				1,268,8		3,205,500.	
- 0		Revenue less	s expenses. Subtra	ct lille 16 i	TOTTI IIITE	12				678,7		1,033,172.	
8 9	20	Total accets	(Part X, line 16)							ing of Currer		End of Year	
Net Assets or Fund Balances	20 21		es (Part X, line 26)							7,367,5		11,444,507. 886,360.	
4 E	21		,						-	377,6		•	
			fund balances. Su	ibtract line	21 from I	line 20				6,989,8	393.	10,558,147.	
	ırt II	Signatur											
Unde	er penal	Ities of perjury, I de	eclare that I have examine arer (other than officer) is	ed this return,	including according	companying sch	nedules and state	ements, and to t	ne best of r	ny knowledge	and belie	ef, it is true, correct, and	
	p.1010. B	I.				- Trinon propare	uny mienn						
		Signatu	ire of officer						D	ate			
Siç	gn												
He	re		NIE MATSUI						CO-C	HAIR			
		,,	print name and title					1					
		, ,	oreparer's name		reparer's sigi			Date		Check	」 "	PTIN	
Pa			YA M. KNOX		ATONYA	M. KNC	X	1/12/	23	self-employ	ed]	P00513874	
	epare				LP]			
Us	e On	ily Firm's addre	ess 2810 CAN	INO DE	L RIO	SOUTH,	SUITE 20	00		Firm's EIN	<u>▶</u> 95-	-2076568	
_			SAN DIE	GO, CA	92108					Phone no.	619.	294.7200	
Ma	y the I	IRS discuss th	nis return with the p			ve? See ins	tructions					X Yes No	

Par	t III	Statement of Program Service Accomplishments	17
		Check if Schedule O contains a response or note to any line in this Part III	Х
1	-	y describe the organization's mission:	
		SUSTAIN, ENVISION, AND ENHANCE BALBOA PARK FOR ALL IN PARTNERSHIP WITH THE CITY	<u>OF</u>
	SAN	DIEGO AND IN COLLABORATION WITH OTHER ORGANIZATIONS IN THE PARK AND THE	
	COM	MUNITY.	
2		e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ? X SEE SCHEDULE O X Yes	No
	If "Yes	s," describe these new services on Schedule O.	
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes	s," describe these changes on Schedule O.	
4	Descr	ribe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensi	es,
	and re	evenue, if any, for each program service reported.	
4 a	(Code)
	<u>SEE</u>	SCHEDULE O	
4 b	(Code	e:) (Expenses \$ 688,689. including grants of \$) (Revenue \$ 782,90	00.)
		BOA PARK VISITORS CENTER: RETAIL OPERATIONS AND GUEST SERVICES	
		BALBOA PARK VISITORS CENTER INFORMS, EDUCATES, AND SERVES OVER 600,000 VISITORS	
		UALLY. THE LARGEST VISITOR CENTER IN THE REGION, THE PARK'S VISITORS CENTER IS	~
		PORTED BY MULTILINGUAL STAFF AND VOLUNTEERS WITH DIVERSE BACKGROUNDS, WHO ARE	
		INED TO PROMOTE PARKWIDE INSTITUTIONS AND ACTIVITIES AND TO PROVIDE FREE AND	
		TOM TOURS, MAPS, AND INFORMATION. THE VISITORS CENTER OPERATES A GIFT STORE TO	
		SET THE COST OF VISITOR SERVICES AND SELLS ESSENTIAL VISITOR AMENITIES ALONG WI	 ТН
		K MULTI-MUSEUM PASSES, AND ZOO AND HARBOR TICKETS.	
4.0	(Code	e:) (Expenses \$ 569,374. including grants of \$) (Revenue \$)
		SE OF HOSPITALITY: HISTORIC FACILITIES, GARDENS	—′
		ORGANIZATION MAINTAINS AND PRESERVES THE HOUSE OF HOSPITALITY, A NATIONAL	
		TORIC LANDMARK BUILDING, PROVIDING CLEAN PUBLIC RESTROOMS, ONGOING FACILITY CARI	
		SECURITY FOR TENANTS AND VISITORS. THE VISITORS CENTER IS HOUSED IN THE HOUSE	
		PITALITY, ALONG WITH THE ORGANIZATION'S OFFICES, THE PRADO RESTAURANT, A BALLROO	
			<u> </u>
		TING ROOMS, AND OFFICES FOR NONPROFIT CULTURAL AND EDUCATIONAL ORGANIZATIONS	
		RATING WITHIN THE PARK. THE HOUSE OF HOSPITALITY SERVES VISITORS NUMBERING OVER	
	<u> </u>	00,000 EACH YEAR.	
A .1	Othac	r program convices (Describe on Schodule O.)	
4 a		r program services (Describe on Schedule O.) SEE SCHEDULE O Program services (Describe on Schedule O.)	
10		enses \$ 217,626. including grants of \$) (Revenue \$)	

Form 990 (2021) FOREVER BALBOA PARK Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2021) FOREVER BALBOA PARK Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
- 1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
•	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
1	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. NI
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
RΔΔ			990 (2021

Form 990 (2021) FOREVER BALBOA PARK

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 39			
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
L	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 a		71
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.0		
·	Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7.		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
Ŭ	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.		v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If 'Yes,' complete Form 4720, Schedule O.			
1/	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If 'Yes,' complete Form 6069.			l

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 39 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 38 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? SEE SCH O Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH PORTER 1549 EL PRADO, SUITE 1 SAN DIEGO CA 92101-1660 (619)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C))					
(A) Name and title	(B) Average hours per	thar	n one i s both dire	box, an c ector	unles	,	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Koy employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JACQUELINE HIGGINS DIR PLAN & DESIGN	<u> 40</u> _					Х		109,941.	0.	9,908.
(2) JOHN BOLTHOUSE	40					21		100,041.	<u> </u>	<i>y, you.</i>
FORMER EXEC DIR	0			Χ				115,768.	0.	3,760.
(3) SARAH BECKMAN	40									
DIR EXTERNAL REL	0					Χ		111,100.	0.	4,461.
(4) JON BAILEY	5									
DIRECTOR	0	Χ						0.	0.	0.
(5) SARAH_EVANS	_ 20 _									
CO-CHAIR	0	Χ		X				0.	0.	0.
	10									
CO-TREASURER	0	Χ		X				0.	0.	0.
(7) DOUG KERNER	5	17		37				0	0	0
CHAIR ELECT	0 5	Χ		Χ				0.	0.	0.
	0	Х						0.	0.	0
(9) KERRI KAPICH	5	Λ						0.	0.	0.
DIRECTOR	0	Х						0.	0.	0.
(10) GEORGE HARDY	5	Λ						0.	0.	<u> </u>
DIRECTOR	0 -	Х						0.	0.	0.
(11) CAROL CHANG	10							<u> </u>	••	<u> </u>
DIRECTOR	0	Х						0.	0.	0.
(12) JACK CARPENTER	5							Ţ.,		
DIRECTOR	0	Χ						0.	0.	0.
(13) JOYE BLOUNT	5									
DIRECTOR	0	Χ		_				0.	0.	0.
(14) PATRICK CAUGHEY	5									
DIRECTOR	0	Χ						0.	0.	0.
DAA										Farms 000 (2021)

Pa	T VII Section A. Officers, Directors, 111		ney	Em	•		es,	and	a Hignest Com	ipensated Empi	oyees	S (conti	inued)
		(B) (C)											
	(A)	Average	(do	not c	Pos heck	sition : more	than	one	(D)	(E)		(F)	
	Name and title	hours per	box	, unle	ess pe	erson	is both or/trus	h an	Reportable compensation from	Reportable compensation from	Estim	ated am	ount
		week (list any	_					<u> </u>	the organization (W-2/1099-	related organizations (W-2/1099-		of other ensation	
		hours	를 다	=	Officer	ই	夏亭	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the c	rganizat	tion
		for related	ndividual or directo		ğέ	omployee	350 350 350 350 350 350 350 350 350 350	亞				d related anization	
		organiza - tions	<u> </u>	골		ड्र	0 8						
		below dotted	frustee	institutional trustee		8	함						
		line)	ii.	99			Highest compensated employee						
							۵						
(15)	AMY DAWSON	5											
	DIRECTOR	0	X						0.	0.			0.
(16)	JAMES DAWE	5											
	DIRECTOR	0	X						0.	0.			0.
(17)	JAMES HUGHES	5											
	DIRECTOR	0	Χ						0.	0.			0.
(18)	PETER DENNEHY	5											
	DIRECTOR	0	Х						0.	0.			0.
(19)	MAUREEN LAMBERTI	5	†						3.0	••			
	DIRECTOR	0	X						0.	0.			0.
(20)	LYNN LANGLEY	5	71						0.	0.			0.
(20)	DIRECTOR	3	X						0.	0.			Λ
(21)		5	Λ						0.	0.			0.
(21)	EMILY FOX		37						0	0			0
<u> </u>	DIRECTOR	0	X						0.	0.			0.
(22)	MONICA MROZ	5											
	DIRECTOR	0	X						0.	0.			0.
(23)	<u>JONATHAN SHULMAN </u>	5											
	DIRECTOR	0	X						0.	0.			0.
(24)	JERRY BUCKLEY	5											
	DIRECTOR	0	Χ						0.	0.			0.
(25)	KEN TRANBARGER	5											
	DIRECTOR	0	X						0.	0.			0.
1 k	Subtotal								336,809.	0.		18,1	129.
(Total from continuation sheets to Part VII, Section	on A						▶	0.	0.			0.
(Total (add lines 1b and 1c)							▶	336,809.	0.		18,1	129.
	Total number of individuals (including but not limited					who	recei	ved			ensatio		
	from the organization > 3												
												Yes	No
3	Did the organization list any former officer, direc	tor tructo	o ka	N/ OF	mnl	01/0	or	hial	act componented	omployee			
3	on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial								. 3		Х
4													
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab er than \$1	1e co	mpe 00?	ensa If '\	ition Yes.	and ' <i>con</i>	otn <i>nole</i>	er compensation i te Schedule J for	rom			
	such individual										. 4		X
5	Did any person listed on line 1a receive or accru-	e comper	satio	n fr	om	anv	unre	late	ed organization or	individual			
	for services rendered to the organization? If 'Yes	,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	dent	t coi	ntra	ctors	tha	it received more the	nan \$100,000 of			
			uie c	alcili	uai .	усаі	Cilui	ng v	1	T T		C)	
	(A) Name and business addi	ess							(B) Description of	of services	Compe	C) ensatio	n
-													
	Takal musahan af independent control of the control of			a 11	'	1: -1	نايمات		uulee west-in-	than			
2	Total number of independent contractors (including b		ited t	o thc	se I	ıste	a abo	ve)	wno received more	tnan			
	\$100,000 of compensation from the organization	- 0											

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

FOREVER BALBOA PARK

Employler Identification number

33-0849518

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Highest Compensated E	mployee											
(A)	(B)	(C) b	osition ox, unle	(do no ess per	t check son is	k more that both an o	an one fficer	(D)	(E)	(F)		
Name and title	Average	and a director/trustee) Average			Reportable compensation from	Reportable compensation from	Estimated amount of other					
	hours per P nd D S S		Κοу	SHI	Fon	the organization (W-2/1099-	related organizations (W-2/1099-	compensation from the				
	(list any hours for	ired i	tutic	Çer	cmi	loy:	Former	MISC/1099-NEC)	MISC/1099-NEC)	organization and related		
	related organiza-	ইক	E		Notic	e com				organizations		
	tions	uste	sunt		8	pen						
	dotted line)	Ф	tee			Highest compensated employee						
GAIDI FINNIE	5											
DIRECTOR	0	Х						0.	0.	0.		
LUCY WARREN	5											
DIRECTOR	0	Х						0.	0.	0.		
ANN WILSON	5											
DIRECTOR	0	Х						0.	0.	0.		
JOYCE GATTAS	10									_		
DIRECTOR	0	Х						0.	0.	0.		
VICTORIA HAMILTON	5									_		
DIRECTOR	0	X						0.	0.	0.		
CONNY JAMISON	5											
DIRECTOR	0	X						0.	0.	0.		
DAVID KINNEY	5											
DIRECTOR	0	X						0.	0.	0.		
CONNIE MATSUI	20											
CO-CHAIR	0	X		Χ				0.	0.	0.		
GONZALO ROJAS	5	1										
DIRECTOR	0	X						0.	0.	0.		
GLENN_ROSSMAN	10	1										
DIRECTOR	0	X						0.	0.	0.		
ALLISON ROSSETT	5	1										
DIRECTOR	0	X						0.	0.	0.		
PEMBERTON SMITH	10	1						_				
CO-TREASURER	0	X		Χ				0.	0.	0.		
JOE SZALKIEWIZ	5	ļ										
DIRECTOR	0	X						0.	0.	0.		
JOHN TOMAN	5	ļ										
DIRECTOR	0	X						0.	0.	0.		
JOHN VENEKAMP	5	ļ ,,							•	•		
DIRECTOR	0	X						0.	0.	0.		
PETE WHEELER	5	.,							0	0		
DIRECTOR	0	X						0.	0.	0.		
MICHAEL YEE	5	3,7						0	0	0		
DIRECTOR	0	X						0.	0.	0.		
ELIZABETH_BABCOCK	$-\frac{40}{0}$	+		v				0	0	0		
CEO	0	-		Χ				0.	0.	0.		
		ł										
-	+											
		t										
	+											
	 	t										
		1					I	<u>l</u>		Form 990 Cont 2021		

Form 990 Cont 2021

		Check if Schedule O contains a response or note to an	ny line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1 a	Federated campaigns 1 a				
in the		Membership dues	_			
Gra		•	_			
z, (An		Fundraising events	_			
Contributions, Gifts, Grants, and Other Similar Amounts		Related organizations				
s, (imi	е	Government grants (contributions) 1e 582,313.				
ion r S	f	All other contributions, gifts, grants, and				
X. et		similar amounts not included above 1f 1,746,631.				
ξō	g	Noncash contributions included in				
ori		lines 1a-1f				
	h	Total. Add lines 1a-1f	2,328,944.			
ue		Business Code				
/en	2 a	TICKET SALES 900099	704,129.	704,129.		
Rei		OTHER REVENUE 900099	86,521.	86,521.		
မွ	С					
Мį	d					
Š	_					
Program Service Revenue	,	All other programs consists reserved				
ogi		All other program service revenue				
ቯ	g	Total. Add lines 2a-2f	790,650.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	97,394.			97,394.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents	-			
		Less: rental expenses 6b	_			
		· • • • • • • • • • • • • • • • • • • •	_			
		Rental income or (loss) 6c 677,897.				
	d	Net rental income or (loss)	677,897.			677,897.
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets	-			
	h	other than inventory Less: cost or other basis	_			
		and sales expenses 7b				
	c	Gain or (loss) 7c	-			
		Net gain or (loss)				
Lе	8 a	Gross income from fundraising events				
Other Reven		(not including \$				
ΘÝ		of contributions reported on line 1c).				
Œ		See Part IV, line 18				
ē	b	Less: direct expenses 8b				
7	С	Net income or (loss) from fundraising events	-			
-	Q٠	Gross income from gaming activities.				
	Ja	See Part IV, line 19				
	h	Less: direct expenses 9b	-			
		Net income or (loss) from gaming activities				
	C	Thet income of (loss) from garning activities				
	10 a	Gross sales of inventory, less				
		returns and allowances				
		Less: cost of goods sold 10b 248,624.				
	С	Net income or (loss) from sales of inventory	343,787.			343,787.
10		Business Code				
scellaneous Revenue	11 a					
길	b					
scellaneo Revenue	~					
ارة في		All other revenue				
# # F		All other revenue				
_		Total. Add lines 11a-11d	<u> </u>			
	12	Total revenue. See instructions	4,238,672.	790,650.	0.	1,119,078.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

(A) (B) (C) (D) Fundrations for the complete column (A).

	Check if Schedule O contains a				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	87,805.	17,561.	26,342.	43,902.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,294,041.	850,660.	179,040.	264,341.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,763.	24,983.	5,910.	8,870.
9	Other employee benefits	129,088.	81,107.	19,186.	28,795.
10	Payroll taxes	124,512.	88,515.	29,980.	6,017.
11	Fees for services (nonemployees):	•	•	·	<u>, </u>
ä	a Management				
	b Legal				
	c Accounting	38,438.		38,438.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH.	401,197.	189,515.	139,327.	72,355.
12	Advertising and promotion	14,771.	6,028.	336.	8,407.
13	Office expenses				
14	Information technology	45,795.	24,953.	7,712.	13,130.
15	Royalties	015 000	015 000		
16 17	OccupancyTravel.	215,988.	215, 988.	1 202	2 154
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	7,633.	3,196.	1,283.	3,154.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,125.	18,579.	3,279.	2,267.
23	Insurance Other expenses. Itemize expenses not	30,541.	14,276.	15,017.	1,248.
24	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
ä	COST_OF_TICKET_SALES	291,668.	291,668.		
	FACILITIES MAINTENANCE	86,871.	86,871.		
	PROJECT EXPENSES	67,672.	67,672.		
	d OTHER	41,268.	26,863.	10,059.	4,346.
	e All other expenses	264,324.	178,556.	27,631.	58,137.
25	Total functional expenses. Add lines 1 through 24e	3,205,500.	2,186,991.	503,540.	514,969.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	o any line	e in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,802,286.	1	3,048,714.
	2	Savings and temporary cash investments		_		2	1,389,179.
	3	Pledges and grants receivable, net	91,043.	3	1,417,070.		
	4	Accounts receivable, net	1,115.	4	114,969.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	r, director, utor, or 35%		5		
	_	Loans and other receivables from other disqualified p		H=		J	
	6	section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		4,781.	8	82,879.	
SS(9	Prepaid expenses and deferred charges			12,911.	9	15,218.
Ą	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	539,956.			
	b	Less: accumulated depreciation	10 b	395,976.	5,529.	10 c	143,980.
	11	Investments – publicly traded securities			2,428,736.	11	2,140,925.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,021,116.	15	3,091,573.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		7,367,517.	16	11,444,507.
	17	Accounts payable and accrued expenses		96,001.	17	345,546.	
	18	Grants payable		_		18	
	19	Deferred revenue		19	256,868.		
_	20	Tax-exempt bond liabilities				20	
ž.	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, dire utor, or 3	ector, trustee, 5%		22	
	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	 -		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		281,623.	25	283,946.
	26	Total liabilities. Add lines 17 through 25			377,624.	26	886,360.
ses		Organizations that follow FASB ASC 958, check here		X	3777021.		000,000.
anc	27	and complete lines 27, 28, 32, and 33.		Ļ	2 051 052	27	4 600 201
3al	27	Net assets without donor restrictions		 	3,051,278.	27	4,680,391.
d E	28	Net assets with donor restrictions			3,938,615.	28	5,877,756.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
Ō	29	Capital stock or trust principal, or current funds		_		29	
ět	30	Paid-in or capital surplus, or land, building, or equipn				30	
ASS	31	Retained earnings, endowment, accumulated income				31	
et,	32	Total net assets or fund balances		<u> </u>	6,989,893.	32	10,558,147.
_	33	Total liabilities and net assets/fund balances			7,367,517.	33	11,444,507.
BA	Α		1EEA0111L	_ 09/22/21			Form 990 (2021)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					. X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	4,2	38,6	672.
2	2 Total expenses (must equal Part IX, column (A), line 25)		2	3,2	205,5	500.
3	Revenue less expenses. Subtract line 2 from line 1		3	1,0	33,1	172.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	6,9	89,8	393.
5	5 Net unrealized gains (losses) on investments		5	-4	08,2	266.
6	6 Donated services and use of facilities	[6			
7		<u>_</u>	7		-1,5	532.
8	Prior period adjustments		8			-3.
9	· · · · · · · · · · · · · · · · · · ·		9	2,9	44,8	383.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		10	10,5	58,	147.
Pa	art XII Financial Statements and Reporting	•	<u>-</u>	•		
	Check if Schedule O contains a response or note to any line in this Part XII					. П
	<u> </u>				Yes	$ \vdash$
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2	2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both:	viewe	d on a			
	Separate basis Consolidated basis Both consolidated and separate basis					
I	b Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both:	eparat	ie .			
	X Separate basis Consolidated basis Both consolidated and separate basis					
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				71	
	on Schedule O.					
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle 		. 3a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA					1 990	(2021)
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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number FOREVER BALBOA PARK 33-0849518 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
begiı	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,223,040.	984,300.	1,154,767.	1,759,329.	2,328,944.	7,450,380.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,223,040.	984,300.	1,154,767.	1,759,329.	2,328,944.	7,450,380.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,557,709.	
6	Public support. Subtract line 5 from line 4						5,892,671.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1,223,040.	984,300.	1,154,767.	1,759,329.	2,328,944.	7,450,380.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	116,171.	118,154.	123,018.	119,342.	775,291.	1,251,976.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				12,375.		12,375.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		8,331.	6,391.	3,927.		18,649.	
11	Total support. Add lines 7 through 10		·	·	,		8,733,380.	
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	1,935,394.	
13	First 5 years. If the Form 990 is organization, check this box and						▶ □	
	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						67.47 %	
15	Public support percentage from	2020 Schedule A,	Part II, line 14			15	78.72 %	
16a	6a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▼							
b	b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this b	box and stop here	. Explain in Part '	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ard-circumstances te	nd-circumstances est. The organiza	test, check this lition qualifies as a	pox and stop here publicly supporte	Explain in Part ded organization	VI how the ►	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >	
ВΛΛ		•	•	•		Caladala	A (Form 990) 2021	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,	<u> </u>	,			
Calend	lar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.'). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	,						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	Total support. (Add lines 9, 10c, 11, and 12.)	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3) ► □
14 Sec	Total support. (Add lines 9, 10c, 11, and 12.)	stop here blic Support P	Percentage				······································
14 Sec 15	Total support. (Add lines 9, 10c, 11, and 12.)	stop here blic Support P 021 (line 8, colum	Percentage n (f), divided by lin	ne 13, column (f)))		<u>`</u>
14 Sec 15 16	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from	stop here blic Support F 121 (line 8, colum 2020 Schedule A,	Percentage n (f), divided by lin Part III, line 15.	ne 13, column (f)))		5 8
14 Sec 15 16 Sec	Total support. (Add lines 9, 10c, 11, and 12.)	stop hereblic Support F 221 (line 8, colum 2020 Schedule A, estment Incor	Percentage n (f), divided by lin Part III, line 15 ne Percentage	ne 13, column (f)))	15	5 8 6 8
14 Sec 15 16 Sec 17	Total support. (Add lines 9, 10c, 11, and 12.)	blic Support F 221 (line 8, colum 2020 Schedule A, estment Incor or 2021 (line 10c,	Percentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divide	ne 13, column (f)	umn (f))		5 8 6 8
14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11, and 12.)	stop hereblic Support F 221 (line 8, colum 2020 Schedule A, estment Incor or 2021 (line 10c, rom 2020 Schedu	Percentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divide	ne 13, column (f)	umn (f))	15 16 17 18	5 % 6 % 7 % 8 %
14 Sec 15 16 Sec 17 18 19a	Total support. (Add lines 9, 10c, 11, and 12.)	blic Support F 21 (line 8, colum 2020 Schedule A, estment Incor or 2021 (line 10c, rom 2020 Schedu the organization of this box and sto	Percentage n (f), divided by lin Part III, line 15. ne Percentage column (f), divided le A, Part III, line lid not check the bephere. The organ lid not check a book le column to the lid not check a book lide of the lide	ne 13, column (f) ed by line 13, col 17 nox on line 14, ar ization qualifies a	umn (f))	15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	5

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	.		
b	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
•	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	· · · · · · · · · · · · · · · · · · ·	5 C		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
_	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pai	rt IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
		nily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No
2	Did the that of the benear	the tax year. The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations		l l	
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
-	Distri		_	Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	orgar	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3		
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	,	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
i	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	13010
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
•	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting or	ganization

BAA Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	<u>\$</u> 0.	\$ 3,927. \$ 3,927.	\$ 6,391. \$ 6,391.	\$ 8,331. \$ 8,331.	\$ 0.

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

FOREVER BALBOA PARK

				33-0849518	
Par	t Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or	Accounts.	_
	Complete if the organization answ	vered 'Yes' on Form 990, F	art IV, line 6.		
		(a) Donor advised fund	ds	(b) Funds and other acc	counts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donors are the organization's property, subject to the organization	or advisors in writing that the ass	sets held in donor ad htrol?	vised funds	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing to the donor or donor advisor, or	hat grant funds can l for any other purpos	be used only se conferring	— □ No
_	<u> </u>				
Par	Conservation Easements. Complete if the organization answ	yarad 'Vas' on Farm 990 F	Part IV line 7		
1	Purpose(s) of conservation easements held by				
'	Preservation of land for public use (for examp			historically important la	nd area
	Protection of natural habitat	ie, recreation of education)		certified historic structu	
	Preservation of open space		reservation or a	certified filstoric structu	ii C
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribu	ition in the form of a c	onservation easement on	the
_	last day of the tax year.	cia a quannea conscivation contrib		onservation casement on	uic
				Held at the End of t	the Tax Year
	Total number of conservation easements			а	
Ł	Total acreage restricted by conservation easen	nents			
C	: Number of conservation easements on a certifi	ed historic structure included in	(a) 2	С	
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	not on a historic	d	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or t	erminated by the organ	nization during the	
4	Number of states where property subject to conser	vation easement is located ►			
5	Does the organization have a written policy reg and enforcement of the conservation easemen				No
6	Staff and volunteer hours devoted to monitoring, in				year
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and er	forcing conservation ea	asements during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of section 17	70(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to	orts conservation easements in it to the organization's financial state	s revenue and exper ements that describe	nse statement and balans s the organization's acc	ce sheet, and counting for
Р.	conservation easements. t Organizations Maintaining Collect	tions of Art Historical Tu	Sacrinac on Other	v Cimilar Accata	
Par	Complete if the organization answ	vered 'Yes' on Form 990, F	Part IV, line 8.	Sillilai Assets.	
1 a	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education	, or research in furthe	at and balance sheet wo erance of public service,	rks of art, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or res	search in furtherance o	of public service, provide the	of art, he
	(i) Revenue included on Form 990, Part VIII, I				
	(ii) Assets included in Form 990, Part X				,665,745.
	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:			
a	Revenue included on Form 990, Part VIII, line	1			

Part III Organizations Maintain	ing Collections	of Art, Historica	l Treasures, or C	Other Similar Ass	ets (contin	ued)	
3 Using the organization's acquisition, a items (check all that apply):	accession, and other i	records, check any of	the following that mak	e significant use of its	collection		
a X Public exhibition d Loan or exchange program							
b Scholarly research		e Other					
c X Preservation for future generat	ions	_					
4 Provide a description of the organizat Part XIII. SEE PART XIII	ion's collections and	explain how they furth	er the organization's e	exempt purpose in			
5 During the year, did the organization to be sold to raise funds rather that						X No	
Part IV Escrow and Custodial A				vered 'Yes' on Fo	m 990, Pa	ırt IV,	
1 a Is the organization an agent, truste	ee, custodian or othe	er intermediary for co	ontributions or other	assets not included			
on Form 990, Part X?					Yes	No	
b If 'Yes,' explain the arrangement in	i Part XIII and comp	nete the following ta	Die:		Amount		
c Beginning balance					Amount		
d Additions during the year							
e Distributions during the year							
f Ending balance				. 1f			
2a Did the organization include an am	ount on Form 990, I	Part X, line 21, for e	scrow or custodial ad	count liability?	Yes	No	
b If 'Yes,' explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII			
Part V Endowment Funds. Co							
1 - Designing of year belones	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea		
1 a Beginning of year balance b Contributions	2,804,129.	2,674,971.	2,522,840.	2,378,219.			
b Contributions	71,817.	25,000.	1,186.	2,130.		775.	
c Net investment earnings, gains,	-313,829.	185,450.	253,877.	240,647.	10	,872.	
and losses	313,029.	103,430.	233,011.	240,047.	19	,012.	
e Other expenditures for facilities					-		
and programs	102,478.	81,292.	102,932.	98,156.	14	,141.	
f Administrative expenses							
g End of year balance	2,459,639.	2,804,129.	2,674,971.	2,522,840.	2,378	,219.	
2 Provide the estimated percentage	-		column (a)) held as	:			
a Board designated or quasi-endowmer		<u>.00</u> %					
b Permanent endowment ►	96.00 %						
c Term endowment ►	<u> </u>						
The percentages on lines 2a, 2b, and	2c should equal 100	% .					
3a Are there endowment funds not in the	e possession of the or	ganization that are he	ld and administered fo	or the	Vaa	■ Na	
organization by: (i) Unrelated organizations					Yes 3a(i) X	No	
(ii) Related organizations					3a(i) X 3a(ii)	X	
b If 'Yes' on line 3a(ii), are the relate					3b		
4 Describe in Part XIII the intended u	-	•			35		
Part VI Land, Buildings, and E			OLL TIME	71111			
Complete if the organization	• •	Yes' on Form 99	0, Part IV, line 1	1a. See Form 99	0, Part X, I	ine 10.	
Description of property	(a) Cost	1	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v		
1 a Land	· `		(=====	3-1-1-3-3-3-1			
b Buildings							
c Leasehold improvements			344,062.	249,472.	94	1,590.	
d Equipment			113,865.	79,373.		1,492.	
e Other			82,029.	67,131.		1,898.	
Total. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, colum				3,980.	
BAA				Schedi	ule D (Form 99		

Schedule D (Form 990) 2021

Part VII Investments — Other Securities. Complete if the organization answered	l 'Ves' on Form 90	N/A 0 Part IV line 11h See Form 9	90 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(b) Book value	(c) method of variation, cost of ond o	1 your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	00 D 1 1 1 10
Complete if the organization answered		0, Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	-		
Part IX Other Assets.			
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1) BENEFICIAL INT IN SAN DIEGO FOUND	ATION		328,833.
(2) CONSTRUCTION IN PROGRESS (3) HISTORIC TREASURE-CAROUSEL			96,995. 2,665,745.
(4)			2,003,743.
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (c)	B) line 15.)	<u></u>	3,091,573.
Part X Other Liabilities.	- 000 D 1 W 1: 1	11 11 0 5 000 5 1 7 1 05	
Complete if the organization answered 'Yes' on F	form 990, Part IV, line I	The or Tit. See Form 990, Part X, line 25	
1. (a) Description (1) Federal income taxes	iption of flability		(b) Book value
(2) CUSTODIAL FUNDS			283,946.
(3)			200, 540.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			000 015
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			283,946.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortest positions under EASE ASC 740. Check here if the text of the footnote has			Inability for uncertain

Part XIII Supplemental Information.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,077,498.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) SEE PART XIII 248,624		
e Add lines 2a through 2d.	2 e	-159,642.
3 Subtract line 2e from line 1	3	4,237,140.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	1,532.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,238,672.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	3,454,124.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.) SEE PART XIII 248,624		
e Add lines 2a through 2d.	2 e	248,624.
3 Subtract line 2e from line 1	3	3,205,500.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,205,500.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

FOREVER BALBOA PARK'S (THE "ORGANIZATION") COLLECTION PRESENTLY CONSISTS OF THE 1910 HERSCHELL-SPILLMAN MENAGERIE CAROUSEL (THE "CAROUSEL") WHICH IS LOCATED IN BALBOA PARK. THE ORGANIZATION PRESERVES THE CAROUSEL FOR FUTURE GENERATIONS. THE CAROUSEL IS FULLY OPERATIONAL AND PROVIDES RIDES THROUGHOUT THE YEAR. THE TIMES OF OPERATION ARE LOCATED ON THE ORGANIZATION'S WEBSITE.

BAA Schedule D (Form 990) 2021

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ORGANIZATION HOLDS AND MANAGES THE GENERAL OPERATIONS ENDOWMENT WITH THE REMAINING FUND HELD AND MANAGED BY THE SAN DIEGO FOUNDATION.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION.

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEAR ENDED JUNE 30, 2022 IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE STATE TAXING AUTHORITIES, GENERALLY THREE-TO-FOUR YEARS AFTER THE RETURNS ARE FILED.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF GOODS SOLD.	\$ 248,624.
TOTAL	\$ 248,624.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD	\$ 248,624.
TOTAL	\$ 248,624.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 33-0849518 FOREVER BALBOA PARK

FORM 990. PART III. LINE 2 - NEW SERVICES

AS A RESULT OF THE MERGER ON JULY 1, 2021, FOREVER BALBOA PARK HAS UNDERTAKEN THE FOLLOWING NEW PROGRAM SERVICES DURING THE YEAR:

BALBOA PARK VISITORS CENTER: RETAIL OPERATIONS AND GUEST SERVICES THE BALBOA PARK VISITORS CENTER INFORMS, EDUCATES, AND SERVES OVER 600,000 VISITORS THE LARGEST VISITOR CENTER IN THE REGION, THE PARK'S VISITORS CENTER IS ANNUALLY. SUPPORTED BY MULTILINGUAL STAFF AND VOLUNTEERS WITH DIVERSE BACKGROUNDS, WHO ARE TRAINED TO PROMOTE PARKWIDE INSTITUTIONS AND ACTIVITIES AND TO PROVIDE FREE AND CUSTOM TOURS, MAPS, AND INFORMATION. THE VISITORS CENTER OPERATES A GIFT STORE TO OFFSET THE COST OF VISITOR SERVICES AND SELLS ESSENTIAL VISITOR AMENITIES ALONG WITH PARK MULTI-MUSEUM PASSES, AND ZOO AND HARBOR TICKETS.

HOUSE OF HOSPITALITY: HISTORIC FACILITIES, GARDENS THE ORGANIZATION MAINTAINS AND PRESERVES THE HOUSE OF HOSPITALITY, A NATIONAL HISTORIC LANDMARK BUILDING, PROVIDING CLEAN PUBLIC RESTROOMS, ONGOING FACILITY CARE, AND SECURITY FOR TENANTS AND VISITORS. THE VISITORS CENTER IS HOUSED IN THE HOUSE OF HOSPITALITY, ALONG WITH THE ORGANIZATION'S OFFICES, THE PRADO RESTAURANT, A BALLROOM, MEETING ROOMS, AND OFFICES FOR NONPROFIT CULTURAL AND EDUCATIONAL ORGANIZATIONS OPERATING WITHIN THE PARK. THE HOUSE OF HOSPITALITY SERVES VISITORS NUMBERING OVER 1,000,000 EACH YEAR.

PARK ACTIVATION

THE ORGANIZATION SUPPORTS THE CITY OF SAN DIEGO'S PARKS AND RECREATION DEPARTMENT IN PLACEMAKING AND PARK ACTIVATION ENDEAVORS, INCLUDING FOOD TRUCK EVENTS, PARKWIDE

EVENTS, THE ORGANIZATION WORKS WITH OTHER PARK STAKEHOLDERS TO PROVIDE IMPORTANT

FORM 990, PART III, LINE 2 - NEW SERVICES

INFRASTRUCTURE AND PROGRAMMING THAT SUPPORTS COMMUNITY CONNECTION IN PUBLIC SPACES.

CAPITAL PROJECTS: BOTANICAL BUILDING AND GARDENS

IN THE FALL OF 2013, THE ORGANIZATION'S VOLUNTEER BOARD OF TRUSTEES DECIDED TO

PROCEED WITH AN INAUGURAL CAPITAL IMPROVEMENT PROJECT, THE REHABILITATION AND

RESTORATION OF THE ICONIC BOTANICAL BUILDING AND GARDENS IN BALBOA PARK. SITUATED AT

THE CENTER OF THE PARK'S CENTRAL MESA, THE BOTANICAL BUILDING IS ONE OF THE MOST

VISITED AND PHOTOGRAPHED STRUCTURES IN THE PARK. THE BOTANICAL BUILDING WAS

CONSTRUCTED FOR THE 1915 PANAMA-CALIFORNIA EXPOSITION AS ONE OF JUST FOUR STRUCTURES

INTENDED TO REMAIN AS PERMANENT.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PARK IMPROVEMENT

THE ORGANIZATION'S PROCESS FOR SELECTING PARK IMPROVEMENT PROGRAMS AND CAPITAL IMPROVEMENT PROJECTS INCLUDES REGULAR COLLABORATION WITH, AND ONGOING INPUT FROM, PARK STAKEHOLDERS AND THE CITY OF SAN DIEGO.

THE ORGANIZATION'S LEAD PROGRAMS AND PROJECTS THAT SUSTAIN AND ENHANCE THE PARK INCLUDE THE FOLLOWING INITIATIVES:

TREES AND REFORESTATION - A COMPREHENSIVE TREE INVENTORY, SITE-SPECIFIC TREE
PLANTINGS, AND A CAL FIRE-FUNDED INITIATIVE TO PLANT 500 TREES IN THE PARK AS WELL AS
ONGOING MAINTENANCE AND CARE FOR BALBOA PARK'S URBAN FOREST.

WAYFINDING AND SIGNAGE - A COMPREHENSIVE SIGNAGE INVENTORY TO IMPROVE THE VISITOR EXPERIENCE AND ENHANCE ACCESS, CIRCULATION, AND ORIENTATION.

PLANNING, DESIGN, AND OUTREACH - COLLABORATIVE PLANNING, DESIGN, AND OUTREACH,

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

INCLUDING A SERIES OF STAKEHOLDER MEETINGS AND SUPPORT FOR PROGRAMS.

GARDENS ENHANCEMENT - (A) UMAINTENANCE AND ENHANCEMENT OF BALBOA PARK'S GARDENS

THROUGHOUT THE PARK, USING VOLUNTEERS AND STAFF AND (B) MANAGEMENT OF AN ADOPT A PLOT

PROGRAM, GUIDING PLOT ADOPTERS IN CREATING AND MAINTAINING THEIR DESIGNATED PLOTS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DOROTHEA LAUB BALBOA PARK CAROUSEL

THE BALBOA PARK CAROUSEL (THE "CAROUSEL") WAS CONSTRUCTED IN 1910 DURING THE GOLDEN AGE OF CAROUSELS (C.1880 -1920) BY THE HERSCHELL-SPILLMAN COMPANY OF NORTH TONAWANDA, NEW YORK, AND WAS PERMANENTLY MOVED TO THE PARK IN 1922.

DESIGNATED AS A HISTORICAL RESOURCE, THE CAROUSEL IS A CLASSIC WOOD CAROUSEL OF THE MENAGERIE TYPE, FEATURING ORIGINAL HAND-PAINTED FIGURES. AFTER ACQUIRING THE CAROUSEL IN 2017, THE ORGANIZATION HAS MADE SIGNIFICANT PROGRESS TOWARD RESTORING THE CAROUSEL TO ITS ORIGINAL GLORY, WITH MAJOR UPGRADES PLANNED THE COMING YEAR. THE CAROUSEL PROVIDES MORE THAN 125,000 RIDES ANNUALLY TO VISITORS OF ALL AGES.

PARKWIDE VOLUNTEERS

THE ORGANIZATION RECRUITS, TRAINS, AND RETAINS VOLUNTEERS TO SUPPORT AN ARRAY OF PARK NEEDS, FROM HORTICULTURE TO VISITOR EXPERIENCE. GROWING TO MORE THAN 340 VOLUNTEERS STRONG, CURRENT PROGRAMS INCLUDE: PARK AMBASSADORS, TREE STEWARDS, GARDEN STEWARDS, ROSE GARDEN CORPS, TOUR GUIDES, AND INFORMATION DESK VOLUNTEERS.

VOLUNTEERS PERFORM VITAL FUNCTIONS WITHIN THE PARK, AND THE PROGRAM IS CERTIFIED BY THE POINTS OF LIGHT FOUNDATION AS AN OFFICIAL SERVICE ENTERPRISE ORGANIZATION, ONE OF ONLY 11% NONPROFITS NATIONWIDE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PARK ACTIVATION

THE ORGANIZATION SUPPORTS THE CITY OF SAN DIEGO'S PARKS AND RECREATION DEPARTMENT IN PLACEMAKING AND PARK ACTIVATION ENDEAVORS, INCLUDING PARKWIDE TOURS, CLEAN-UPS, COMMUNITY TREE PLANTINGS, AND DECEMBER NIGHTS. IN ADDITION TO EVENTS, THE ORGANIZATION WORKS WITH OTHER PARK STAKEHOLDERS TO PROVIDE IMPORTANT INFRASTRUCTURE AND PROGRAMMING THAT SUPPORTS COMMUNITY CONNECTION IN PUBLIC SPACES.

CAPITAL PROJECTS: BOTANICAL BUILDING AND GARDENS

IN THE FALL OF 2013, THE ORGANIZATION'S VOLUNTEER BOARD OF TRUSTEES DECIDED TO PROCEED WITH AN INAUGURAL CAPITAL IMPROVEMENT PROJECT, THE REHABILITATION AND RESTORATION OF THE ICONIC BOTANICAL BUILDING AND GARDENS IN BALBOA PARK. SITUATED AT THE CENTER OF THE PARK'S CENTRAL MESA, THE BOTANICAL BUILDING IS ONE OF THE MOST VISITED AND PHOTOGRAPHED STRUCTURES IN THE PARK. THE BOTANICAL BUILDING WAS CONSTRUCTED FOR THE 1915 PANAMA-CALIFORNIA EXPOSITION AS ONE OF JUST FOUR STRUCTURES INTENDED TO REMAIN AS PERMANENT.

THE ORGANIZATION EMBARKED ON A JOINT ENDEAVOR WITH THE CITY OF SAN DIEGO TO RESTORE AND ENHANCE THE BOTANICAL BUILDING AND GARDENS. THE ORGANIZATION IS CONDUCTING A CAPITAL CAMPAIGN TO RAISE THE ADDITIONAL FUNDS NECESSARY FOR COMPREHENSIVE EXTERIOR GSRDEN IMPROVEMENTS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOARD OF TRUSTEES CHAIR, CONNIE MATSUI, HAS A FAMILY RELATIONSHIP WITH HIGHLY

COMPENSATED EMPLOYEE, SARAH BECKMAN.

FOREVER BALBOA PARK

33-0849518

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

ON JULY 1, 2021, UNDER AN AGREEMENT OF MERGER, THE FRIENDS OF BALBOA PARK ("FOBP")
MERGED WITH THE BALBOA PARK CONSERVANCY (THE "CONSERVANCY"). THE MERGED ORGANIZATION
NOW OPERATES UNDER THE NAME OF FOREVER BALBOA PARK.

FOLLOWING THE MERGER, THE CORPORATE EXISTENCE OF FOBP CONTINUED AND THE SEPARATE CORPORATE EXISTENCE OF THE CONSERVANCY CEASED. THE ARTICLES OF INCORPORATION AND THE BYLAWS OF FOBP WERE AMENDED AND RESTATED TO REFLECT THE PRIMARY RULES GOVERNING THE MANAGEMENT OF BOTH ENTITIES. THE MERGER BETWEEN FOBP AND THE CONSERVANCY DID NOT INVOLVE THE TRANSFER OF ANY CONSIDERATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS FIRST PRESENTED TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE PRESENTS
THE FORM 990 TO THE FULL BOARD OF TRUSTEES. IN EACH CASE THE COMMITTEE/BOARD
RECEIVES THE FORM 990 IN ADVANCE OF THE MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

AN ANNUAL CONFLICT OF INTEREST POLICY AND DISCLOSURE FORM IS REQUIRED TO BE REVIEWED AND SIGNED BY ALL BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE, WITH INPUT
FROM THE ENTIRE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER PUBLIC DOCUMENTS ARE AVAILABLE FOR INSPECTION AT THE ORGANIZATION'S OFFICE UPON REQUEST.

Name of the organization	Employer identification number
FOREVER BALBOA PARK	33-0849518

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT <u>& GENERAL</u>	FUND- RAISING
OUTSIDE SERVICES		401,197.	189,515.	139,327.	72,355.
	TOTAL \$	401,197.	\$ 189,515.	\$ 139,327.	72,355.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

BALBOA PARK CONSERVANCY MERGED NET ASSETS (95-0850465) \$ 2,944,883. TOTAL \$ 2,944,883.

PRESENTATION OF PRIOR YEAR OF INFORMATION:

THE MERGER WAS ACCOUNTED FOR BY COMBINING ALL OF THE ASSETS AND LIABILITIES OF THE CONSERVANCY AND FOBP ON JULY 1, 2021. ACCORDINGLY, THE CURRENT YEAR AMOUNTS IN THIS FILING REPRESENT THE COMBINED ENTITY, WHILE THE PRIOR YEARS' AMOUNTS ARE THOSE OF FOBP (OWING TO ITS STATUS AS THE CONTINUING CORPORATE ENTITY).

Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172 2021

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

FOREVER BALBOA PARK

Identifying number 33-0849518

Part I Election To Expense Certain Property Under Section 179		RM 990/990-PF	55						
Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)			ense Certain	Property Under Sec	tion 179				
2 Total cost of section 179 property placed in service (see instructions). 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 Reduction in limitation subtract line 3 from line 2.1 zero or less, enter -0. 5 Dollar limitation for tax year. Subtract line 4 from line 1.1 zero or less, enter -0. If married filling separately, see instructions. 6 (a) Description of property. (b) Coal (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29. 7 Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Tentalive deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction Add lines 9 and 10, but other more than line 1 12 12 Section 179 septens deduction. Add lines 9 and 10, lines tine 12. Part II Special depreciation Allowance and Other Depreciation (Don't include listed property. See instructions). 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 15 Property subject to section 168(ft)(1) election 15 16 Other depreciation (Continuing ACRS) 16 24, 125 Part III MACRS Depreciation (Don't include listed property. See instructions) 17 18 If you are electing to group any assets placed in service during the tax year is not property. 19 a 3-year property (b) Marrin and year picked in service lines with the service property 25 yrs MM S/L 19 a 3-year property (c) Marrin and year picked in service during the tax year sequence or more general 17 19 a 3-year property (c) Marrin and year picked in service during the tax year into one or more general 17 19 a 3-year property (c) Marrin and year picked in service during the tax year into one or more general (c) Marrin and year picked in service during the tax year year year year year year year year	ı aı	Note: If you have ar	ny listed property,	complete Part V before	you complete P	art I.			
3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dollar imitation for tax year. Subtract line 4 from line 1. I zero or less, enter -0. If married filing 5 separately, see instructions 5 separately, see instructions 5 separately, see instructions 5 separately, see instructions 6 (a) Description of property (b) Double dustiness use entry (c) Excitation 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction. Add lines 1 2 or your 2020 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 112 Section 179 expense deduction. Add lines 3 and 10, lites line 12. 12 13 Note: Don't use Part II or Part III below for listed property, Instead, use Part V. Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions). 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax years see instructions. 15 Property subject to section 188(R)(1) election 15 16 16 Other depreciation (including ACRS) 15 16 24, 125 Part III MACRS Depreciation (Don't include listed property See instructions). 8 17 MACRS deductions for assets placed in service during the tax year sint one or more general ses electing to group any assets placed in service during the tax year sint one or more general sessed securities. 19 Section 8 10 Section 8 10 Section 8 10 Section 9 Sect	1	Maximum amount (see ins	tructions)					1	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0 - If married filing 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 - If married filing 5 separately, see instructions 5 separately, 2see instructions 5 separately, 2see instructions 6 (a) Description of property. Enter the amount from line 29 7	2	Total cost of section 179 p	roperty placed in	service (see instruction:	s)			2	
5 Dollar limitation for fax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filling separately, see instructions 5 6 (a) Description of property (b) Cost dustriess use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instruction 21 12 2 2 2 2 2 2 2 2	3	Threshold cost of section 1	79 property before	re reduction in limitation	(see instruction	s)		3	
separately, see instructions 5 (a) Description of property	4	Reduction in limitation. Sul	btract line 3 from	line 2. If zero or less, e	nter -0			4	
Caryover of disallowed deduction to property Caryover of disallowed deduction to fall in service Caryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12. Tall	5								
7 Listed property. Enter the amount from line 29. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 Total elected cost of section 179 property and 100 column (c) and 100 column (c) lines 9 and 10, less sine 12. 10 Column (c) and lines 9 and 10, less sine 12. 11 Electron 179 expense deduction. Add lines 9 and 10, less sine 12. 12 Section 179 expense deduction. Add lines 9 and 10, less sine 12. 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less sine 12. 14 Special depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 15 Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property see instructions.) 15 Property subject to section 168(f)(1) election									
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected cost	t	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7									
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9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 1 3 of your 2020 Form 4562 10 Large sincome limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II	_					• • • • • • • • • • • • • • • • • • • •			
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Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11									
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Part IV Summary (See instructions.)						MM			
	Par	t IV Summary (See in	structions.)		-		•		-
								21	
Total . Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on		Total. Add amounts from line 12	. lines 14 through 17.	lines 19 and 20 in column (g).	and line 21. Enter he	ere and on		20	04.105
the appropriate lines of your return. Partnerships and S corporations — see instructions	23	For assets shown above an	nd placed in servi	ce during the current ye	ar, enter			22	24,125.