

2021

California Exempt Organization
Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name DEL MAR FOUNDATION BETTY WHEELER, PRESIDENT		California corporation number 1087691
Additional information. See instructions.		FEIN 95-3718831
Street address (suite or room) P.O. BOX 2913		PMB no.
City DEL MAR	State CA	Zip code 92014
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____</p> <p>E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other</p> <p>F Federal return filed? 1 ● <input type="checkbox"/> 990T 2 ● <input type="checkbox"/> 990-PF 3 ● <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption If "Yes," what is the parent's name? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? ... If "Yes," enter the gross receipts from nonmember sources. \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	6,064,213.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. ..	3	178,017.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B ..	4	6,242,230.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	4,987,286.
	7	Total costs. Add line 5 and line 6.	7	4,987,286.
	8	Total gross income. Subtract line 7 from line 4.	8	1,254,944.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	243,258.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	1,011,686.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Penalties and interest. See General Information J.	15	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result.	16	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer PRESIDENT	Title	Date	● Telephone (858) 635-1363
Paid Preparer's Use Only	Preparer's signature JACK M. SHIRLEY	Date 11/11/22	Check if self-employed <input type="checkbox"/>	● PTIN P00492680
	Firm's name (or yours, if self-employed) and address BRANNEN SHIRLEY LLP			● Firm's FEIN
	3579 VALLEY CENTRE DRIVE, SUITE 125			82-5034496
	SAN DIEGO, CA 92130			● Telephone (858) 794-2800
May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	•	1	
	2	Interest	•	2	
	3	Dividends	•	3	
	4	Gross rents	•	4	
	5	Gross royalties	•	5	
	6	Gross amount received from sale of assets (See instructions)	•	6	6,285,495.
	7	Other income. Attach schedule. SEE STATEMENT 1	•	7	-221,282.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	•	8	6,064,213.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	•	9	119,550.
	10	Disbursements to or for members.	•	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	•	11	0.
	12	Other salaries and wages	•	12	26,481.
	13	Interest	•	13	
	14	Taxes	•	14	2,233.
	15	Rents	•	15	6,285.
	16	Depreciation and depletion (See instructions)	•	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	•	17	88,709.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	•	18	243,258.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		295,633.	•	183,799.
2	Net accounts receivable		125,106.	•	77,706.
3	Net notes receivable			•	
4	Inventories			•	
5	Federal and state government obligations			•	
6	Investments in other bonds			•	
7	Investments in stock		7,323,118.	•	8,479,400.
8	Mortgage loans			•	
9	Other investments. Attach schedule			•	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			•	
12	Other assets. Attach schedule. STM 4		13,770.	•	3,325.
13	Total assets		7,757,627.		8,744,230.
Liabilities and net worth					
14	Accounts payable			•	
15	Contributions, gifts, or grants payable			•	
16	Bonds and notes payable			•	
17	Mortgages payable			•	
18	Other liabilities. Attach schedule. STM 5		28,146.		3,063.
19	Capital stock or principal fund		7,729,481.	•	8,741,167.
20	Paid-in or capital surplus. Attach reconciliation.			•	
21	Retained earnings or income fund			•	
22	Total liabilities and net worth		7,757,627.		8,744,230.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	1,011,686.	7	Income recorded on books this year not included in this return. Attach schedule	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule.	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year. Attach schedule.	•		10	Net income per return. Subtract line 9 from line 6.		1,011,686.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5.		1,011,686.				

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DEL MAR FOUNDATION
BETTY WHEELER, PRESIDENT

95-3718831

11/11/22

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STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER INVESTMENT INCOME.....	\$	140,669.
PROGRAM SERVICE REVENUE.....		39,990.
UNREALIZED GAINS/(LOSSES)		-401,941.
TOTAL	\$	<u>-221,282.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BETTY WHEELER P.O. BOX 2913 DEL MAR, CA 92014	PRESIDENT 10.00	\$ 0.	\$ 0.	\$ 0.
K. ALAN LONBOM P.O. BOX 2913 DEL MAR, CA 92014	TREASURER 3.00	0.	0.	0.
ALICE BROWN P.O. BOX 2913 DEL MAR, CA 92014	SECRETARY 3.00	0.	0.	0.
SANDRA HOYLE P.O. BOX 2913 DEL MAR, CA 92014	PAST PRESIDENT 3.00	0.	0.	0.
AMANDA ALLEN P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
JEFF BARNOUW P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
SHARON BOCKOFF P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
ANNU CHOPRA P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
JENNY GALAN P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.

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STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHY GRIMM P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	\$ 0.	\$ 0.	\$ 0.
HYLTON LONSTEIN P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
JULIE MAXEY-ALLISON P.O. BOX 2913 DEL MAR, CA 92014	DIRECTOR 3.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ACCOUNTING FEES.....	\$ 8,265.
ADVERTISING AND PROMOTION.....	1,000.
AUDIO AND VIDEO.....	2,262.
BANK/MERCHANT FEES.....	1,151.
EQUIPMENT RENTAL.....	1,250.
EVENTS.....	6,657.
FELLOW EXPENSES.....	1,500.
INSURANCE.....	7,375.
LICENSES AND FEES.....	20.
MUSICIANS/SPEAKERS.....	15,100.
OFFICE SUPPLIES.....	3,328.
PAYROLL FEES.....	1,252.
PERFORMANCE/REHEARSALS.....	4,500.
POSTAGE AND SHIPPING.....	145.
PRINTING AND PUBLICATIONS.....	13,289.
REFRESHMENTS.....	1,622.
SERVICES.....	8,500.
SPECIAL CONCERTS.....	3,905.
STUDENT HOUSING.....	4,856.
TELEPHONE/INTERNET.....	309.
TRAVEL.....	2,184.
WEBSITE.....	239.
TOTAL	\$ 88,709.

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STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

OTHER ASSETS.....	3,325.
TOTAL \$	<u><u>3,325.</u></u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

CREDIT CARD PAYABLE.....	678.
OTHER PAYABLES.....	2,385.
TOTAL \$	<u><u>3,063.</u></u>