			** PUBL	IC DISCLOSURE C	OPY **			
	00	חר	Return of Orgar	nization Exempt	From I	ncome Tax	c	OMB No. 1545-0047
Form	. 9 (10	Under section 501(c), 527, or 494					2015
Depar	tment of	the Treasury	Do not enter social s	ecurity numbers on this form	n as it may b	pe made public.		Open to Public
		ue Service		orm 990 and its instructions i				Inspection
AF	or the	2015 calend	lar year, or tax year beginning $$ J	UL 1, 2015 and	ending J	UN 30, 201	.6	
B Cl	heck if oplicable:	C Name o	forganization			D Employer iden	tificatio	on number
	Address							
]change]Name		HELL THORP FOUNDAT	ION				4200
	change	U	usiness as					4320
	_return Final return/		and street (or P.O. box if mail is not de EL CAMINO REAL, S		Room/suite	E Telephone num 760		3-8853
	termin- ated		own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		169,595.
	Amende return		SBAD, CA 92009			H(a) Is this a group	o return	
	Applica tion pending		nd address of principal officer:BRA	D THORP		for subordina		
<u> </u>		SAME	AS C ABOVE			H(b) Are all subordinate		
			<u>X</u> 501(c)(3) 501(c) () MITCHELLTHORP.ORG	(insert no.) 4947(a)(1)	or 527	,		(see instructions)
				sociation Other ►		H(c) Group exemp		
		Summary		sociation Other ►	L Year	of formation: 2009	M Sta	ite of legal domicile: CA
Pa							7 0	at ama Nat
8	1 E	Briefly describ	be the organization's mission or most	Significant activities: TO P	ROVIDE	FINANCIAL	I AS	SISTANCE
nan						then OFO(of its not		
Governance			If the organization disco ting members of the governing body			1	3	s. 9
ŝ			dependent voting members of the go				4	8
80 00			of individuals employed in calendar				5	1
Activities &		5 6	100					
ţ		otal number	о 7а	0.				
¥			d business revenue from Part VIII, co	H	7b	0.		
		vet unrelateu	business taxable income from Form	990-1, III e 34		Prior Year		Current Year
	8 (Contributions	and grants (Part VIII, line 1h)			206,101		153,164.
Jue).	0.
Revenue		•	come (Part VIII, column (A), lines 3, 4	and 7d)		127		114.
۳,			e (Part VIII, column (A), lines 5, 6d, 8d			<38,704		<7,884.>
			- add lines 8 through 11 (must equal			167,524		145,394.
			milar amounts paid (Part IX, column (104,503		94,705.
			to or for members (Part IX, column (A).	0.
s						43,431		39,835.
Expenses	16 a F	Professional f	r compensation, employee benefits (undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lin	line 11e)).	0.
<u>e</u>	bТ	otal fundrais	ing expenses (Part IX, column (D), lin	e 25) > 3,4	72.			
ш			es (Part IX, column (A), lines 11a-11d			18,734		18,673.
			es. Add lines 13-17 (must equal Part l			166,668	3.	153,213.
		•	expenses. Subtract line 18 from line			856	5.	<7,819.>
Net Assets or Fund Balances						ginning of Current Ye		End of Year
sets alan	20 T	otal assets (Part X, line 16)			244,227	'•	236,408.
t As Id B	21 T	otal liabilities	(Part X, line 26)).	0.
Fun			fund balances. Subtract line 21 from	l line 20		244,227	'•	236,408.
Pa		Signatur						
	-		I declare that I have examined this return,				f my kno	wledge and belief, it is
true,	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
								
Sign	n		e of officer			Date		
Here	e		THORP, CEO/PRESID	ENT				
		,	print name and title	i		Data		DTIN
		Print/Type pre	parer's name	Preparer's signature	L	Date Check		PTIN
Paid	-					self-em	ployed	
Prep	arer	Firm's name	•			Firm's FIN		

•				
Use Only	Firm's address 🕨			
		Phone no.		
May the IF	3S discuss this return with the preparer shown above? (see instructions)		Yes	

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2015) MITCHELL THORP FOUNDATION	27-0824320	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: SUPPORTING FAMILIES WHOSE CHILDREN SUFFER FROM LIFE	<u>_</u> ₩₽₽₽ ₩₽₩₽₩ ₽₩₽	
	ILLNESSES, DISEASES AND DISORDERS. MITCHELL THORP F		
	FOR THE CAREGIVER" BY PROVIDING FINANCIAL, EMOTIONA SUPPORT TO THOSE IN NEED.	L AND RESOURCE	
2	Did the organization undertake any significant program services during the year which were not listed of		v
	the prior Form 990 or 990-EZ?	Yes [A No
	If "Yes," describe these new services on Schedule O.		V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?Yes	A No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 124,181. including grants of \$ 94,704.		
	FAMILY ASSISTANCE PROGRAMS: WE WORK IN PARTNERSHIP		
	AND LOCAL BUSINESSES TO PROVIDE SUPPORT THAT HELPS		
	FOUNDATION FAMILIES. WHEN THEIR LIVES FEEL LIKE THE		
	MITCHELL THORP FOUNDATION PROVIDES URGENTLY NEEDED		
	EACH FAMILY. BY DOING SO THIS BRINGS A SENSE OF NOR		
	UNIT. MITCHELL THORP FOUNDATION PROVIDES MEDICAL TR		:E,
	MEDICAL TRANSPORTATION SERVICES, HOME ASSISTANCE, G	RIEF SUPPORT AND	
	FAITH CONNECTION.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	Other program can lices (Describe in Schedule O)		
4d	Other program services (Describe in Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 124,181.)	
-+0		Form 99	0 (2015)

Form	990	(2015)	

 Form 990 (2015)
 MITCHELL THORP FOUNDATION

 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		х
h	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c		<u></u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	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		Х
14a	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		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
13	complete Schedule G, Part III	19		х

Form **990** (2015)

Form	990	(2015)

MITCHELL THORP FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
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? If "Yes," complete			
	Schedule J	23		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
07	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		- 23
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	х	
	INDIE. AND OTHERS ARE REQUIRED TO COMPLETE OCHOMICO	1 30	<u> </u>	1

Form **990** (2015)

Form	990 (2015) MITCHELL THORP FOUNDATION 27-0824	320	Р	age 5
Pa	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9 b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
٥	sponsoring organization have excess business holdings at any time during the year?	0		
9 9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	30		
a	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:			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990	(2015)
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MITCHELL THORP FOUNDATION

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a 0h	X X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	<u></u>	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	Ŭ		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	л Х	
14 45	Did the organization have a written document retention and destruction policy?	14	Λ	
15	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?			
-	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a		x
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
10	X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)	dfiner	oicl	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year.	u iman	lai	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 760-603-8853			
	6965 EL CAMINO REAL, SUITE 105-433, CARLSBAD, CA 92009			

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

1a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless pe		box, unless person is bo		is bot	h an	compensation	compensation	amount of
	week		officer and a di		irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		æ	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	onal		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRAD THORP	6.00	<u> </u>	<u> </u>	ò	¥	포뇽	R.			
CEO/PRESIDENT		x		x				0.	Ο.	0.
(2) BETH THORP	40.00									
EXECUTIVE DIRECTOR		X		Х				36,580.	0.	0.
(3) JAMES SCHWAB	6.00									
TREASURER		Х		Х				0.	0.	0.
(4) VICKI DURIE	6.00									
SECRETARY		X		Х				0.	0.	0.
(5) KELLY SCHWAB	1.00									
DIRECTOR		X						0.	0.	0.
(6) KAREN PEARSON	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(7) TOM WATSON	1.00							0	0	0
DIRECTOR	1 00	X						0.	0.	0.
(8) KEVIN HARDY	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(9) ANNMARIE GABALDON	1.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								

Part V	II Section A. Officers, Directors, Trus (A) Name and title	(B)	ploy	ees,			ghes	st C						
					10	••								
		(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ı an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations		
c Total from continuation sheets to Part VII, Section A).).).		0. 0. 0.			
	tal number of individuals (including but n mpensation from the organization	ot limited to th	iose	liste	ed ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable			0	
	d the organization list any former officer, a 1a? If "Yes," complete Schedule J for s								highest compensated e			3	es No X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>									4	x				
 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> Section B. Independent Contractors 											5	X		
1 Co	mplete this table for your five highest co organization. Report compensation for										ensat	ion fror	n	
	(A) Name and business address								(B) Description of services		(C) Compensation			
2 Tot	tal number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos		ted	above) who received m	ore than				