

**Return of Organization Exempt From Income Tax**

**2011**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** 7/01, **2011, and ending** 6/30, **2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> BAYSIDE COMMUNITY CENTER P.O. BOX 712525 SAN DIEGO, CA 92171-2525	<b>D</b> Employer Identification Number 95-1652902
	<b>F</b> Name and address of principal officer: SAME AS C ABOVE	<b>E</b> Telephone number 858-278-0771

**G** Gross receipts \$ 802,139.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If 'No,' attach a list. (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of Formation: 1932 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>BAYSIDE COMMUNITY CENTER EMPOWERS OUR DIVERSE COMMUNITY TO IMPROVE ITS QUALITY OF LIFE THROUGH SERVICES, EDUCATION AND ADVOCACY. AT BAYSIDE, WE BELIEVE THAT EVERYONE, REGARDLESS OF BACKGROUND, INCOME, OR EDUCATION, SHOULD HAVE ACCESS TO BROAD SOCIAL, CULTURAL AND EDUCATIONAL</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	18
	6	Total number of volunteers (estimate if necessary)	459
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-2,267.
7b	Net unrelated business taxable income from Form 990-T, line 34	-2,267.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 364,787. Current Year: 711,848.
	9	Program service revenue (Part VIII, line 2g)	6,360. 321.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,488. 73,973.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	449,635. 786,142.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	287,385. 349,428.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,940.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	214,948. 204,981.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	502,333. 554,409.	
19	Revenue less expenses. Subtract line 18 from line 12	-52,698. 231,733.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,049,025. End of Year: 1,256,375.
	21	Total liabilities (Part X, line 26)	86,914. 62,531.
	22	Net assets or fund balances. Subtract line 21 from line 20	962,111. 1,193,844.

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: CHRISTOPHER M. ROBERTS  
 Preparer's signature: CHRISTOPHER M. ROBERTS  
 Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00235008  
 Firm's name: WEST RHODE & ROBERTS  
 Firm's address: 3104 FOURTH AVE, SAN DIEGO, CA 92103  
 Firm's EIN: 33-0783983  
 Phone no.: 619-615-5380

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: [ ]) (Expenses \$ 488,445. including grants of \$ [ ]) (Revenue \$ 321.)

SEE SCHEDULE O

4b (Code: [ ]) (Expenses \$ [ ] including grants of \$ [ ]) (Revenue \$ [ ])

4c (Code: [ ]) (Expenses \$ [ ] including grants of \$ [ ]) (Revenue \$ [ ])

4d Other program services. (Describe in Schedule O.)

(Expenses \$ [ ] including grants of \$ [ ]) (Revenue \$ [ ])

4e Total program service expenses ▶ 488,445.

PUBLIC DISCLOSURE COPY

**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)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
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 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....		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.		
a 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> .....	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 assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		X
d 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? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
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> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i> .....	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i> .....		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? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
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>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c 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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2011)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">15</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	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. <span style="float:right">18</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		X
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	X	
<b>4 a</b>	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)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	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?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <span style="float:right"></span>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <span style="float:right"></span>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <span style="float:right"></span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <span style="float:right"></span>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right"></span>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right"></span>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <span style="float:right"></span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</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. <span style="float:right"></span>		
<b>13 c</b>	Enter the amount of reserves on hand. <span style="float:right"></span>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 10 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 O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . . <b>1 b</b> 9		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	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? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director or 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 in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . . SEE SCHEDULE O	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. . . . .	X	
<b>b</b>	Other officers of key employees of the organization. . . . .		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</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 taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ JORGE RIQUELME 2202 COMSTOCK STREET SAN DIEGO CA 92171 858-278-0771

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

Check if Schedule O contains a response to any question in this Part VII.

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

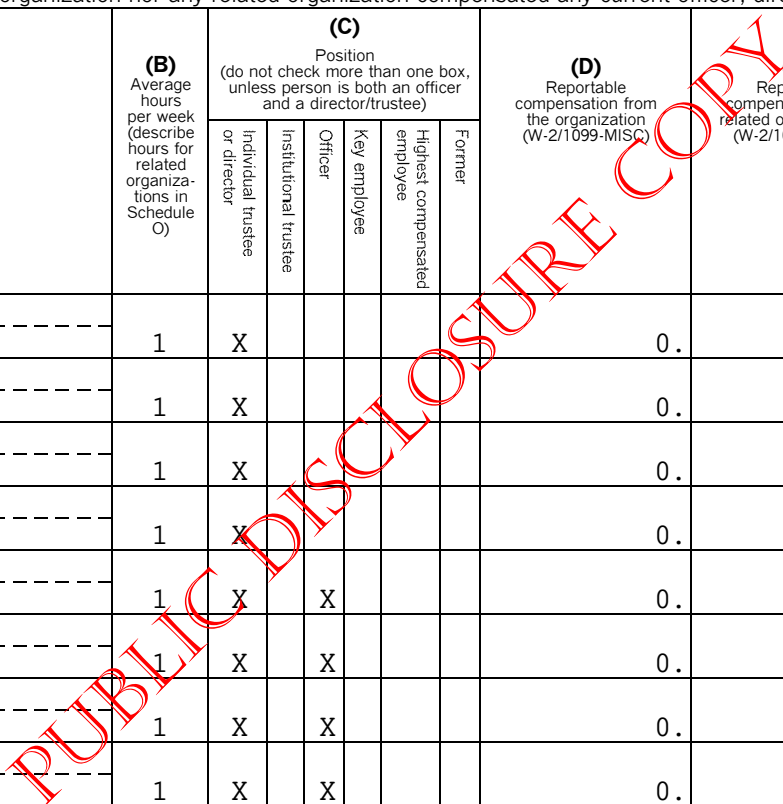
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 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) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAIRES DONAHUE BOARD MEMBER	1	X					0.	0.	0.	
(2) ANTONIO BARBOSA BOARD MEMBER	1	X					0.	0.	0.	
(3) STACI BEAVERS BOARD MEMBER	1	X					0.	0.	0.	
(4) PATRICIA MARQUEZ BOARD MEMBER	1	X					0.	0.	0.	
(5) KEVIN BROWN TREASURER	1	X		X			0.	0.	0.	
(6) VANESSA FRANCO PRESIDENT	1	X		X			0.	0.	0.	
(7) DAYANNE IZMIRIAN SECRETARY	1	X		X			0.	0.	0.	
(8) PETER SIEFFERT VICE PRESIDENT	1	X		X			0.	0.	0.	
(9) AIKO YAMAKAWA BOARD MEMBER	1	X					0.	0.	0.	
(10) JORGE RIQUELME EXECUTIVE DIR.	40			X			40,250.	0.	0.	
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						40,250.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						40,250.	0.	0.	

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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> 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 'Yes' complete Schedule J for such individual.</i> .....		X
<b>5</b> 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> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b>					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>	284,618.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b>	427,230.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$						
<b>h Total.</b> Add lines 1a-1f .....			711,848.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> AFTER SCHOOL PROGRAMS	<b>Business Code</b> 900099	321.	321.			
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> -----						
	<b>e</b> -----						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			321.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	89,970.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	15,997.				
		<b>c</b> Rental income or (loss) .....	73,973.				
	<b>d</b> Net rental income or (loss) .....		73,973.		-2,267.	76,240.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including: \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> -----	<b>Business Code</b>					
	<b>b</b> -----						
	<b>c</b> -----						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			786,142.	321.	-2,267.	76,240.	

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**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	40,250.	37,444.	1,229.	1,577.
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.	255,125.	241,775.	3,170.	10,180.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	11,139.	10,363.	340.	436.
10 Payroll taxes.	42,914.	39,928.	1,310.	1,681.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other				
12 Advertising and promotion.				
13 Office expenses.	3,268.	3,115.	110.	43.
14 Information technology.				
15 Royalties.				
16 Occupancy.	32,953.	31,734.	570.	649.
17 Travel.	1,808.	1,688.	117.	3.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	2,694.	2,349.	145.	200.
20 Interest.	7,732.		7,732.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	48,127.	30,859.	2,209.	15,059.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITIES	38,715.	38,459.		256.
b CONTRACT SERVICES	30,441.	27,572.	2,364.	505.
c FUNDRAISING	11,182.	480.		10,702.
d TELEPHONE & INTERNET	9,488.	8,733.	607.	148.
e All other expenses	18,573.	13,951.	4,121.	501.
25 Total functional expenses. Add lines 1 through 24e.	554,409.	488,445.	24,024.	41,940.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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**Part X Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
ASSETS	1	Cash — non-interest-bearing	13,338.	1	100,908.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	39,346.	3	48,847.	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	2,873.	9	4,074.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,137,763.		
	b	Less: accumulated depreciation	10b	1,042,224.	10c	1,095,539.
	11	Investments — publicly traded securities		11		
	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	7,006.	15	7,007.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,049,025.	16	1,256,375.		
LIABILITIES	17	Accounts payable and accrued expenses	32,041.	17	22,107.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	54,873.	23	40,424.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	86,914.	26	62,531.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>					
	27	Unrestricted net assets	891,571.	27	978,949.	
	28	Temporarily restricted net assets	70,540.	28	214,895.	
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	<b>Total net assets or fund balances.</b>	962,111.	33	1,193,844.	
34	<b>Total liabilities and net assets/fund balances.</b>	1,049,025.	34	1,256,375.		

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Form 990 (2011)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	786,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	554,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	231,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	962,111.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,193,844.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

b Were the organization's financial statements audited by an independent accountant?  Yes  No

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  Yes  No

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2011)

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> BAYSIDE COMMUNITY CENTER	<b>Employer identification number</b> 95-1652902
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**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 11, check only one box.)

- 1  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.)
- 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.)
- 9  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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  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 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 that describes the type of supporting organization and complete lines 11e through 11g.
  - a  Type I
  - b  Type II
  - c  Type III — Functionally integrated
  - d  Type III — Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
<b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>(ii)</b> A family member of a person described in (i) above? .....		
<b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	921,655.	1,019,385.	690,630.	374,860.	674,937.	3,681,467.
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 <b>Total.</b> Add lines 1 through 3.	921,655.	1,019,385.	690,630.	374,860.	674,937.	3,681,467.
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).						209,004.
6 <b>Public support.</b> Subtract line 5 from line 4.						3,472,463.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	921,655.	1,019,385.	690,630.	374,860.	674,937.	3,681,467.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,892.					1,892.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						3,683,359.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	94.27 %
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	91.00 %
16a <b>33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b <b>33-1/3% support test – 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 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.						
6 Total. Add lines 1 through 5.						
7a 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.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Employer identification number

BAYSIDE COMMUNITY CENTER

95-1652902

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		106,100.		106,100.
b Buildings		873,364.	731,964.	141,400.
c Leasehold improvements				
d Equipment				
e Other		1,158,299.	310,260.	848,039.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,095,539.

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). **SEE PART XIV**

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	786,142.
2 Total expenses (Form 990, Part IX, column (A), line 25)	554,409.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	231,733.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV.)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	231,733.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	
1 Total revenue, gains, and other support per audited financial statements	1 844,929.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV.) SEE PART XIV	2d 58,787.
e Add lines 2a through 2d	2e 58,787.
3 Subtract line 2e from line 1	3 786,142.
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	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 786,142.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1 613,196.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.) SEE PART XIV	2d 58,787.
e Add lines 2a through 2d	2e 58,787.
3 Subtract line 2e from line 1	3 554,409.
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	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5 554,409.

**Part XIV Supplemental Information**

Complete this part to 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 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

--- **PART X - FIN 48 FOOTNOTE** ---

--- THE CENTER IS A CALIFORNIA NON-PROFIT CORPORATION AND IS EXEMPT FROM INCOME TAXES ---

--- UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE ---

--- CALIFORNIA CODE AND GENERALLY IS NOT SUBJECT TO INCOME TAXES. THE CENTER REVIEWED ---

--- ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT NO PROVISION FOR ---

--- UNCERTAIN TAX POSITIONS UNDER ASC 740-10 IS REQUIRED. ---

**Part XIV** Supplemental Information *(continued)*

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

EVENT EXPENSE.....	\$	26,879.
IN-KIND REVENUE.....		15,911.
UNRELATED BUSINESS EXPENSE.....		15,997.
	TOTAL	<u>\$ 58,787.</u>

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

EVENT EXPENSE.....	\$	26,879.
IN-KIND EXPENSE.....		15,911.
UNRELATED BUSINESS EXPENSE.....		15,997.
	TOTAL	<u>\$ 58,787.</u>

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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 990-EZ.

Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

BAYSIDE COMMUNITY CENTER EMPOWERS OUR DIVERSE COMMUNITY TO IMPROVE ITS QUALITY OF LIFE THROUGH SERVICES, EDUCATION AND ADVOCACY. AT BAYSIDE, WE BELIEVE THAT EVERYONE, REGARDLESS OF BACKGROUND, INCOME, OR EDUCATION, SHOULD HAVE ACCESS TO BROAD SOCIAL, CULTURAL, AND EDUCATIONAL OPPORTUNITIES THAT EMPOWER AND ENRICH LIVES. THIS IS WHAT MAKES BAYSIDE UNIQUE, AND WHY, FOR 80 YEARS, WE HAVE ENDURED AS A VITAL CULTURAL ASSET.

BAYSIDE COMMUNITY CENTER IS A PRIVATE, NON-PROFIT, NEIGHBORHOOD-BASED ORGANIZATION THAT SERVES THE WHOLE PERSON AND THE ENTIRE COMMUNITY, FOCUSING ON NEEDS, AS WELL AS INTERESTS. IT SERVES AS A UNIQUE COMMUNITY HUB FOR THE MULTI-GENERATIONAL, MULTI-CULTURAL & MIXED INCOME POPULATION IN LINDA VISTA AND NEIGHBORING COMMUNITIES.

LOCATED IN THE HEART OF LINDA VISTA, THE 9,000 SQ. FT. FACILITY IS VISITED BY MORE THAN 300 PEOPLE DAILY. THE CENTER OPENS DOORS OF OPPORTUNITY AND IMPROVES THE QUALITY OF LIFE FOR LOW-INCOME AND WORKING CLASS RESIDENTS, SENIORS, FAMILIES, AND STUDENTS BY OFFERING AFFORDABLE HEALTH AND WELLNESS PROGRAMS, ACCESS TO EDUCATION AND CULTURAL ARTS, AND SOCIAL SERVICES AND COMMUNITY ADVOCACY. THROUGH THESE ACTIVITIES BAYSIDE FOSTERS A VIBRANT, EMPOWERED COMMUNITY AND PROMOTES DIGNITY, INDEPENDENCE, AND FELLOWSHIP.

BAYSIDE SERVES RESIDENTS WITH AN ARC OF SERVICES AND PROGRAMS THAT TRANSCEND AGE, ETHNICITY, NARROW NEED, AND SOCIO-ECONOMIC BOUNDARIES. BAYSIDE HAS REMAINED TRUE TO ITS ORIGINAL SETTLEMENT HOUSE PRINCIPLES BY OFFERING A CONTINUUM OF SERVICES FOCUSED ON SELF-SUFFICIENCY, INTEGRATION, AND INDEPENDENCE FOR IMMIGRANTS AND NATIVE-BORN RESIDENTS. THIS CENTER PROVIDES EACH PERSON AND EVERY FAMILY WITH THE PRACTICAL AND PERSONAL TOOLS THEY NEED TO REACH THEIR FULL POTENTIAL AND LEAD HEALTHY AND

Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

PRODUCTIVE LIVES. BAYSIDE UNDERSTANDS THAT IT IS NOT JUST PROVIDING FOR BASIC NEEDS THAT FULFILLS A PERSON. IT IS THE "EXTRAS" AND TOO OFTEN THESE ACTIVITIES ARE NOT AVAILABLE IN LOWER INCOME COMMUNITIES.

BCC IS BEST DESCRIBED AS A SMALL, YET POWERFUL, NEIGHBORHOOD-BASED AGENCY EASILY ACCESSIBLE TO RESIDENTS. IT IS NOT A LARGE, IMPERSONAL, BUREAUCRATIC ORGANIZATION LOCATED FAR FROM THE PEOPLE IT SERVES. URBAN SETTINGS WHERE THE LARGER ORGANIZATIONS RESIDE CAN BE HARDER TO NEGOTIATE FOR DISENFRANCHISED ETHNIC GROUPS WITH CLOSE PROXIMITY TO SHOPPING & WALK-ABILITY BEING IMPORTANT FACTORS IN THEIR DAY-TO-DAY LIFE. BCC IS A MULTI-SERVICE, FLEXIBLE ORGANIZATION THAT RESPONDS TO THE NEEDS OF RESIDENTS LIVING IN THE IMMEDIATE GEOGRAPHICAL AREA. IN ADDITION BAYSIDE MAKES SPACE AVAILABLE TO COMMUNITY GROUPS.

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

1. RECEIVED A SECOND YEAR GRANT FROM THE SAN DIEGO FOUNDATION TO CONTINUE THE SUCCESSFUL SENIOR STEPS PROGRAM (SAFETY THROUGH EDUCATION AND PREVENTION SERVICES) AND RECEIVED SECOND OF 2 YEAR GRANT FROM THE WEST FOUNDATION FOR CAPACITY BUILDING.
2. NEW COLLABORATIONS WITH FEEDING AMERICA AND ANGEL'S DEPOT.
3. DEVELOPED NEW K-12 STUDENT SUCCESS ACADEMIC PROGRAMS IN LINDA VISTA PUBLIC SCHOOLS (MISSION POSSIBLE FOR HIGH SCHOOL AND MIA FOR MIDDLE SCHOOL) AND PLANNED FOR PLAZA COMUNITARIA, A NEW PROGRAM FOR ADULT LEARNERS.
4. AWARDED A GRANT FROM SAN DIEGO WOMENS'S FOUNDATION TO EXPAND ACADEMIC CLUB TO LINDA VISTA ELEMENTARY SCHOOL.
5. RECEIVED GRANTS FROM NEW FUNDERS INCLUDING FOUNDATIONS AND CORPORATIONS FOR PROGRAMS AND OPERATIONAL COSTS.
6. DEVELOPED AN INNOVATIVE COMPUTER PROGRAMS FOR SENIORS THROUGH A GRANT FROM MOTOROLA
7. ADDED THREE NEW BOARD MEMBERS TO BOARD OF DIRECTORS WITH EXPERTISE IN HIGHER

Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

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

EDUCATION, BANKING AND LAW.

SOCIAL SERVICES INITIATIVE

SENIOR STEPS: HOME VISITING TO HOMEBOUND ELDERLY FOCUSING ON HEALTH INFORMATION AND PREVENTION.

CASE MANAGEMENT AND FRIENDLY VISITING VOLUNTEER MATCHES

SAFETY EDUCATION AND PREVENTION TO INDIVIDUALS IN THEIR HOMES OR AT THE CENTER

DAILY LUNCH PROGRAM AT THE CENTER

LECTURES: FINANCIAL, HEALTH AND LEGAL EDUCATION

INFORMATION AND REFERRAL SERVICES

ADVOCACY

LEGAL SERVICES

TAX SERVICES

EMERGENCY FOOD ASSISTANCE

DAILY LUNCH AT THE CENTER

FREE BREAD DISTRIBUTION

COMMODITY DISTRIBUTION (FOOD)

HOME DELIVERY OF FOOD BOXES (ANGEL'S DEPOT)

FORMS PREPARATION ASSISTANCE IN ENGLISH, SPANISH AND VIETNAMESE

HEALTH INSURANCE ASSISTANCE

GENERAL INFORMATION AND REFERRAL TO SERVICES

HOUSING INFORMATION

ON-LINE HEALTH PROGRAM

MEDI-CAL AND HEALTHY FAMILIES ENROLLMENT

HOUSING FORECLOSURE COUNSELING

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Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

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

GENERAL ADVOCACY

LINDA VISTA COLLABORATIVE

LINDA VISTA TOWN COUNCIL

PARKS AND REC.

SCHOOL SITE COUNCIL, TWAIN, CARSON AND MONTGOMERY

MICRO ENTERPRISE: LA MAESTRA

LINDA VISTA HEALTHY START COLLABORATIVE

VAN LANG LANGUAGE SCHOOL (VIETNAMESE)

LAO-HMONG FAMILY ASSOCIATION

USC SCHOOL OF SOCIAL WORK STUDENT

ADOPT A FAMILY PROGRAM

ADOPT A SENIOR PROGRAM

YOUTH AND ADULT EDUCATION INITIATIVE

ACADEMIC CLUB: AT KIT CARSON ELEMENTARY SCHOOL FOR 2ND AND 3RD GRADERS

MONTGOMERY INTERSESSION ACADEMY: 8TH GRADE PROGRAM FOCUSING ON WRITING SKILLS,

LEADERSHIP AND COMMUNITY SERVICE

MISSION: POSSIBLE: A HIGH SCHOOL GUIDANCE COUNSELING PROGRAM

HEALTH AND FITNESS CLASSES THROUGH SAN DIEGO CONTINUING EDUCATION

BASIC COMPUTER CLASSES

IN-HOME COMPUTER TRAINING

MEMORY COMPUTER CLASS

ENGLISH AS A SECOND LANGUAGE

BASIC SPANISH PLAZA COMUNITARIA: EDUCATION IN SPANISH THROUGH THE MEXICAN MINISTRY OF

EDUCATION

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Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

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

FAMILY AND FLEET RESUME CLASS

ARTS AND CULTURE INITIATIVE

ZUMBA

TAI CHI

AEROBICS

ORCHESTRA BAND

MONTHLY DANCES AND POTLUCK

HULA

UKULELE

YOGA

UCSD CLASSICAL MUSIC CONCERTS

PIANO

BALLET FOLKLORICO FOR CHILDREN AND YOUTH

SEWING IN PARTNERSHIP WITH SAN DIEGO CONTINUING EDUCATION

HOLIDAY CELEBRATIONS

FEELING FIT

MURAL AT KIT CARSON ELEMENTARY

ENVIRONMENTAL INITIATIVE

LINDA VISTA COMMUNITY GARDEN

ENVIRONMENTAL SUSTAINABILITY

CANYON CLEANUPS

ZERO WASTE INITIATIVE

MONTGOMERY MIDDLE SCHOOL JOINT USE GARDEN

PUBLIC DISCLOSURE COPY

Name of the organization

BAYSIDE COMMUNITY CENTER

Employer identification number

95-1652902

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

VOLUNTEER PROGRAM (OVER 600 VOLUNTEERS PER YEAR)

COLLABORATION WITH UNIVERSITY OF SAN DIEGO COMMUNITY SERVICE LEARNING PROGRAM AND  
MANY OTHERS.

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

THE 990 IS PRESENTED TO THE BOARD AND EXECUTIVE DIRECTOR FOR REVIEW AND APPROVAL  
PRIOR TO FILING.

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN AND SUBMIT A COPY OF THE ORGANIZATION'S  
CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICTS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG**

THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO  
THE PUBLIC UPON REQUEST AT ITS CORPORATE OFFICES.

PUBLIC DISCLOSURE COPY

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BAYSIDE COMMUNITY CENTER</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>95-1652902</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P.O. BOX 712525</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92171-2525</b>	

Enter the Return code for the return that this application is for (file a separate application for each return).  **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of. ▶ JORGE RIQUELME

Telephone No. ▶ 858-278-0771 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2011 or other tax year beginning 7/01, 2011,  
and ending 6/30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p><b>Print or Type</b></p>	<p>( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>BAYSIDE COMMUNITY CENTER P.O. BOX 712525 SAN DIEGO, CA 92171-2525</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p>95-1652902</p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)										
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)										
<input type="checkbox"/> 408A											
<input type="checkbox"/> 529(a)											

<p><b>C</b> Book value of all assets at end of year</p> <p>1,256,375.</p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of. ▶ JORGE RIQUELME Telephone number. ▶ 858-278-0771

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales . . . . .			
b Less returns and allowances . . . . . c Balance. ▶			1 c
2 Cost of goods sold (Schedule A, line 7) . . . . .			2
3 Gross profit. Subtract line 2 from line 1c . . . . .			3
4 a Capital gain net income (attach Schedule D) . . . . .			4 a
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .			4 b
c Capital loss deduction for trusts . . . . .			4 c
5 Income (loss) from partnerships and S corporations (attach statement) . . . . .			5
6 Rent income (Schedule C) . . . . .	13,730.	15,997.	-2,267.
7 Unrelated debt-financed income (Schedule E) . . . . .			7
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .			8
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .			9
10 Exploited exempt activity income (Schedule I) . . . . .			10
11 Advertising income (Schedule J) . . . . .			11
12 Other income (See instructions; attach schedule.) . . . . .			12
13 <b>Total.</b> Combine lines 3 through 12 . . . . .	13,730.	15,997.	-2,267.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K) . . . . .				14
15 Salaries and wages . . . . .				15
16 Repairs and maintenance . . . . .				16
17 Bad debts . . . . .				17
18 Interest (attach schedule) . . . . .				18
19 Taxes and licenses . . . . .				19
20 Charitable contributions (See instructions for limitation rules.) . . . . .				20
21 Depreciation (attach Form 4562) . . . . .	21			
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22 a			22 b
23 Depletion . . . . .				23
24 Contributions to deferred compensation plans . . . . .				24
25 Employee benefit programs . . . . .				25
26 Excess exempt expenses (Schedule I) . . . . .				26
27 Excess readership costs (Schedule J) . . . . .				27
28 Other deductions (attach schedule) . . . . .				28
29 <b>Total deductions.</b> Add lines 14 through 28 . . . . .				29
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .				-2,267.
31 Net operating loss deduction (limited to the amount on line 30) . . . . .				31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .				-2,267.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . .				33
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .				-2,267.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____			
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750).....	\$ _____		
(2) Additional 3% tax (not more than \$100,000).....	\$ _____		
<b>c</b> Income tax on the amount on line 34.....		<b>35 c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		<b>36</b>	
<b>37 Proxy tax.</b> See instructions.....		<b>37</b>	
<b>38 Alternative minimum tax</b> .....		<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies.....		<b>39</b>	0.

**Part IV Tax and Payments**

<b>40 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)....	<b>40 a</b>		
<b>b</b> Other credits (see instructions).....	<b>40 b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions).....	<b>40 c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827).....	<b>40 d</b>		
<b>e Total credits.</b> Add lines 40a through 40d.....		<b>40 e</b>	0.
<b>41</b> Subtract line 40e from line 39.....		<b>41</b>	0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....		<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42.....		<b>43</b>	0.
<b>44 a Payments:</b> A 2010 overpayment credited to 2011.....	<b>44 a</b>		
<b>b</b> 2011 estimated tax payments.....	<b>44 b</b>		
<b>c</b> Tax deposited with Form 8868.....	<b>44 c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions).....	<b>44 d</b>		
<b>e</b> Backup withholding (see instructions).....	<b>44 e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941).....	<b>44 f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total.....	<b>44 g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g.....		<b>45</b>	0.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>		<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed.....		<b>47</b>	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....		<b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2012 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here.....	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.. If YES, see instructions for other forms the organization may have to file.....		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ _____ <input type="checkbox"/> 0.		

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation

<b>1</b> Inventory at beginning of year.....	<b>1</b>		<b>6</b> Inventory at end of year.....	<b>6</b>	
<b>2</b> Purchases.....	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....	<b>7</b>	
<b>3</b> Cost of labor.....	<b>3</b>				
<b>4 a</b> Additional section 263A costs (attach schedule).....	<b>4 a</b>				
<b>b</b> Other costs (attach sch).....	<b>4 b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
<b>5 Total.</b> Add lines 1 through 4b.....	<b>5</b>				X

**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 \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
Print/Type preparer's name: CHRISTOPHER M. ROBERTS  
Preparer's signature: CHRISTOPHER M. ROBERTS  
Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00235008  
Firm's name: WEST RHODE & ROBERTS  
Firm's EIN: 33-0783983  
Firm's address: 3104 FOURTH AVE, SAN DIEGO, CA 92103  
Phone no.: 619-615-5380

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>SEE STATEMENT 1</b>
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(1)	(2)	
(1)				
(2)				
(3)				
(4)				
Total		13,730.	13,730.	15,997.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		13,730.	13,730.	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) . . . . . ▶ 15,997.

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).				
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶								

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).				Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b> .....						
<b>Totals, Part II</b> (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business

**Total.** Enter here and on page 1, Part II, line 14 .....

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BAYSIDE COMMUNITY CENTER</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>95-1652902</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P.O. BOX 712525</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN DIEGO, CA 92171-2525</b>	

Enter the Return code for the return that this application is for (file a separate application for each return). 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of. ▶ JORGE RIQUELME

Telephone No. ▶ 858-278-0771 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning 7/01, 20 11, and ending 6/30, 20 12.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

STATEMENT 1  
FORM 990-T, SCHEDULE C, LINE 3  
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

WAGES AND SALARIES.....	\$	4,766.
RENTAL CLEANUP & SETUP.....		11,231.
TOTAL	\$	<u>15,997.</u>

PUBLIC DISCLOSURE COPY

TAXABLE YEAR **2011** **California Exempt Organization Annual Information Return**

FORM **199**

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011, and ending month 06 day 30 year 2012

Corporation/Organization Name <b>BAYSIDE COMMUNITY CENTER</b>		California corporation number <b>D0777801</b>
Address (suite, room, or PMB no.) <b>P.O. BOX 712525</b>		FEIN <b>95-1652902</b>
City <b>SAN DIEGO, CA 92171-2525</b>	State	ZIP Code

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Return  Yes  No

Dissolved  Surrendered (Withdrawn)

Merged/Reorganized Enter date: \_\_\_\_\_

**E** Check accounting method:  
1  Cash 2  Accrual 3  Other

**F** Federal return filed?  
1  990T 2  990 (PF) 3  Sch H (990)

**G** Is this a group filing for the subordinates/affiliates?  Yes  No  
If 'Yes,' attach a roster. See instructions

**H** Is this organization in a group exemption?  Yes  No  
If 'Yes,' What's the parent's name? \_\_\_\_\_

**I** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?  Yes  No  
If 'Yes,' explain, and attach copies of revised documents.

**J** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)?  Yes  No  
If 'Yes,' complete and attach form FTB 3509.

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If 'Yes,' enter gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	90,291.
	2	Gross dues and assessments from members and affiliates.	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	●	3	711,848.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B.	●	4	802,139.
	5	Cost of goods sold.	●	5	
	6	Cost or other basis, and sales expenses of assets sold.	●	6	
	7	Total costs. Add line 5 and line 6.	●	7	
	8	Total gross income. Subtract line 7 from line 4.	●	8	802,139.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	570,406.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	231,733.
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F.	●	11	
	12	Total payments.	●	12	
	13	Penalties and interest. See General Instruction J.	●	13	
	14	Use tax. See General Instruction K.	●	14	
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result.	●	15	
<b>Sign Here</b>	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.		Title		Date
	Signature of officer				● Telephone <b>858-278-0771</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>CHRISTOPHER M. ROBERTS</b>	Date	Check if self-employed <input type="checkbox"/>	● Paid PTIN <b>P00235008</b>
	Firm's name (or yours, if self-employed) and address	<b>WEST RHODE &amp; ROBERTS</b>			● FEIN <b>33-0783983</b>
		<b>3104 FOURTH AVE</b>			● Telephone <b>619-615-5380</b>
		<b>SAN DIEGO, CA 92103</b>			
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 \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	89,970.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	321.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	90,291.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
<b>Expenses and Disbursements</b>	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	40,250.
	12	Other salaries and wages	●	12	255,125.
	13	Interest	●	13	7,732.
	14	Taxes	●	14	42,914.
	15	Rents	●	15	32,953.
	16	Depreciation and depletion (See instructions)	●	16	48,127.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	143,305.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	570,406.

<b>Schedule L Balance Sheets</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		13,338.	●	100,908.
2	Net accounts receivable		9,346.	●	48,847.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments Attach schedule			●	
10 a	Depreciable assets	1,874,459.		2,031,663.	
b	Less accumulated depreciation	994,097.	880,362.	1,042,224.	989,439.
11	Land		106,100.	●	106,100.
12	Other assets. Attach schedule. STM. 4		9,879.	●	11,081.
13	<b>Total assets</b>		1,049,025.		1,256,375.
<b>Liabilities and net worth</b>					
14	Accounts payable		32,041.	●	22,107.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable		54,873.	●	40,424.
18	Other liabilities. Attach schedule				
19	Capital stock or principle fund		962,111.	●	1,193,844.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		1,049,025.		1,256,375.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	●	231,733.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5		231,733.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		231,733.

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BAYSIDE COMMUNITY CENTER

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

PROGRAM SERVICE REVENUE.....	\$	321.
TOTAL	\$	<u>321.</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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CLAIRE DONAHUE P.O. BOX 712525 SAN DIEGO, CA 92111	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
ANTONIO BARBOSA P.O. BOX 712525 SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.	0.	0.
STACI BEAVERS P.O. BOX 712525 SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.	0.	0.
PATRICIA MARQUEZ P.O. BOX 712525 SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.	0.	0.
KEVIN BROWN P.O. BOX 712525 SAN DIEGO, CA 92111	TREASURER 1.00	0.	0.	0.
VANESSA FRANCO P.O. BOX 712525 SAN DIEGO, CA 92111	PRESIDENT 1.00	0.	0.	0.
DAYANNE IZMIRIAN P.O. BOX 712525 SAN DIEGO, CA 92111	SECRETARY 1.00	0.	0.	0.
PETER SIEFFERT P.O. BOX 712525 SAN DIEGO, CA 92111	VICE PRESIDENT 1.00	0.	0.	0.
JORGE RIQUELME P.O. BOX 712525 SAN DIEGO, CA 92111	EXECUTIVE DIR. 40.00	40,250.	0.	0.
AIKO YAMAKAWA P.O. BOX 712525 SAN DIEGO, CA 92111	BOARD MEMBER 1.00	0.	0.	0.
TOTAL		<u>\$ 40,250.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

BOARD EXPENSE.....	\$	273.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		2,694.
CONTRACT SERVICES.....		30,441.
EQUIPMENT.....		2,096.
FUNDRAISING.....		11,182.
MISCELLANEOUS.....		2,412.
OFFICE EXPENSES.....		3,268.
OTHER EMPLOYEE BENEFIT.....		11,139.
PAYROLL PROCESSING FEES.....		331.
PRINTING AND PUBLICATIONS.....		5,450.
PROGRAM ACTIVITIES.....		38,715.
RENTAL EXPENSES.....		15,997.
TELEPHONE & INTERNET.....		9,488.
TRAVEL.....		1,808.
WORKERS COMP.....		8,011.
	TOTAL \$	<u>143,305.</u>

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

CONSTRUCTION IN PROGRESS.....		7,006.
PREPAID EXPENSES AND DEFERRED CHARGES.....		4,074.
ROUNDING.....		1.
	TOTAL \$	<u>11,081.</u>

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2011

California Exempt Organization Business Income Tax Return

109

Calendar Year 2011 or fiscal year beginning month 07 day 01 year 2011, & ending month 06 day 30 year 2012

A First Return Filed? Yes No [X]

B Is this an education IRA within the meaning of R&TC Section 23712? Yes No [X]

CORP # D0777801

Corporation/Organization Name BAYSIDE COMMUNITY CENTER

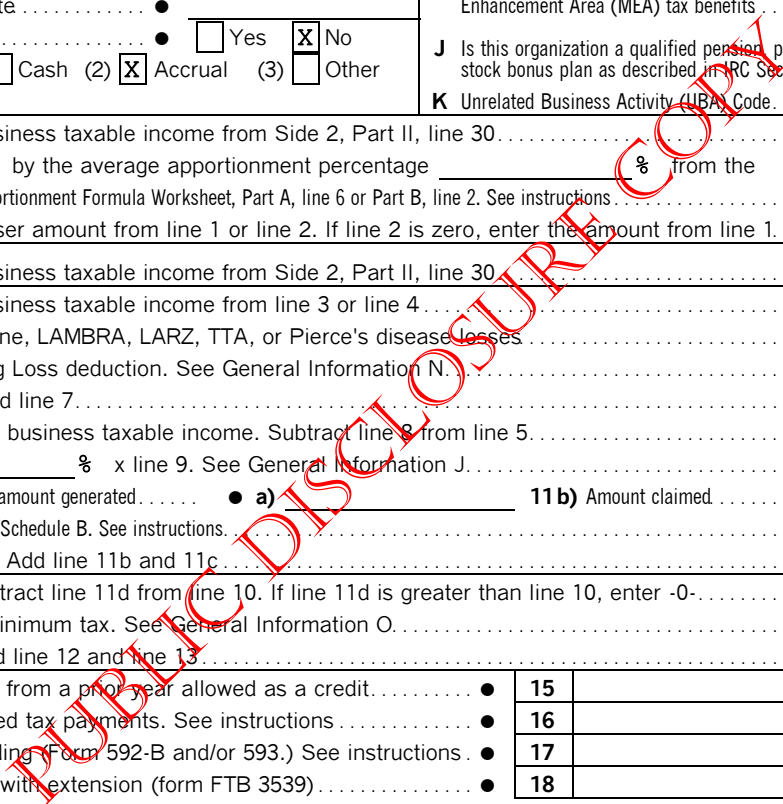
FEIN 95-1652902

Address P.O. BOX 712525 City SAN DIEGO, CA 92171-2525 State ZIP Code

C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No [X]
D Final Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (attach explanation)
E Amended Return Yes No [X]
F Accounting Method Used: (1) Cash (2) Accrual [X] (3) Other
G Nature of trade or business

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No [X]
I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No [X]
J Is this organization a qualified pension profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No [X]
K Unrelated Business Activity (UBA) Code

Table with columns for Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, Refund (Direct Deposit of Refund) or Amount Due, and line numbers. Includes values like -2,267.0 and 0.



Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

Table with 3 columns: Description, Line Number, Amount. Rows include Gross receipts or gross sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Rental income, etc. Total unrelated trade or business income is -2,267.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Description, Line Number, Amount. Rows include Compensation of officers, Salaries and wages, Repairs, Bad debts, Interest, Taxes, Contributions, Depreciation, Depletion, etc. Total deductions is -2,267.

Sign Here section with fields for Signature of officer, Title, Date, Telephone (858-278-0771). Paid Preparer's Use Only section with fields for Preparer's signature (CHRISTOPHER M. ROBERTS), Date, Check if self-employed, PTIN (P00235008), Firm's name (WEST RHODE & ROBERTS), Address (3104 FOURTH AVE, SAN DIEGO, CA 92103), FEIN (33-0783983), Telephone (619-615-5380). May the FTB discuss this return with the preparer shown above? [X] Yes [ ] No

**Schedule A Cost of Goods Sold and/or Operations.** Method of inventory valuation (specify)

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4a	Additional IRC Section 263A costs. Attach schedule .....	4a	
b	Other costs. Attach schedule .....	4b	
5	Total. Add line 1 through line 4b .....	5	
6	Inventory at end of year .....	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2 ...	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.** Do not claim the New Jobs Credit on Schedule B.

1	Enter credit name _____ code no. _____ .. ●	1	
2	Enter credit name _____ code no. _____ .. ●	2	
3	Enter credit name _____ code no. _____ .. ●	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 11c .....	4	

**Schedule K Add-On Taxes or Recapture of Tax.** See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834 .....	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots .....	2a	
	b Method for non-dealer installment obligations .....	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles .....	3	
4	Credit recapture. Credit name .....	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions .....	5	

**Schedule R Apportionment Formula Worksheet**

Is this organization electing the Alternate Method – Single-Sales Factor Formula? .. ●  Yes  No  
 If 'Yes,' skip Part A and complete Part B. If 'No,' complete Part A and skip Part B.

**Part A. Standard Method – Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula. (The three-factor formula includes the double-weighted sales factor.)

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Property factor: See instructions .....	●	●	●
2 Payroll factor: Wages and other compensation of employees .....	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances .....	●	●	●
4 Multiply the factor on line 3, column (c) by 2 .....			
5 Total percentage: Add the percentages in column (c), line 1, line 2, and line 4 .....			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions .....			

**Part B. Alternate Method – Single-Sales Factor Formula.** Complete this part only if the corporation elects the single-sales factor formula. This is an irrevocable annual election.

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) ÷ (a)
1 Total Sales .....	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and enter the result here and on Form 109, Side 1, line 2 ...			●

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
			13,730.		100.00 %
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5	Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule T 1	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)	
15,997.	-2,267.				
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6 .....					-2,267.

Schedule D Unrelated Debt-Financed Income

Table with 6 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Total. Enter here and on Side 2, Part 1, line 8.
Enter gross income from members (dues, fees, charges, or similar amounts)

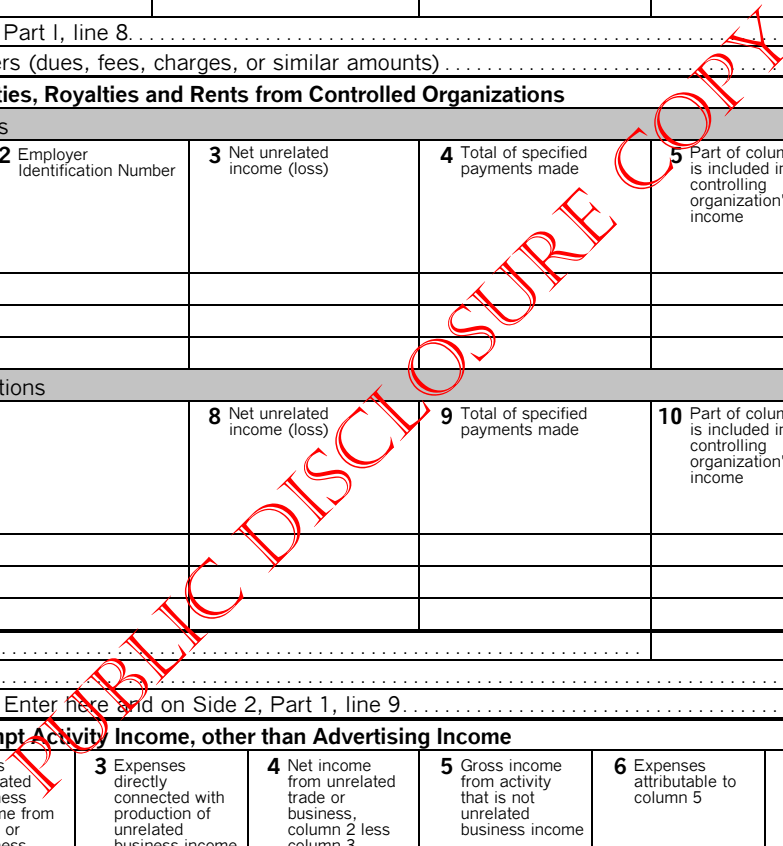
Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11). Includes summary rows 4, 5, and 6.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Total. Enter here and on Side 2, Part 1, line 10.



Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6...

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 1 column: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals

Part III Column B - Excess Advertising Costs

Table with 1 column: (b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>BAYSIDE COMMUNITY CENTER</b>	California corporation number <b>D0777801</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Exempt Organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN <b>95-1652902</b>

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number.....	1	2,267.
2 2011 disaster loss included in line 1. Enter as a positive number.....	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.....	3	2,267.
4a Enter the amount of the loss incurred by a new business included in line 3.....	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3.....	4b	2,267.
c Add line 4a and line 4b.....	4c	2,267.
5 General NOL. Subtract line 4c from line 3.....	5	
6 2011 NOL carryover. Add line 2, line 4c, and line 5. See instructions.....	6	2,267.

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1 Net income (loss) – Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2. <b>If the corporation net income after state adjustments (pre-apportioned income) is \$300,000 or more, see instructions.</b>	(g) Available balance	
--	--------------------------	--

**Prior Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2010	(f) Amount used in 2011		(h) Carryover to 2012 col (e) – col (f)
2007		ESB	110.	110.	0.	0.	110.
2008		ESB	836.	836.	0.	0.	836.
2009		ESB	1,879.	1,879.	0.	0.	1,879.
2010		ESB	4,224.	4,224.	0.	0.	4,224.

**Current Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	(e) Carryover from 2010	(f) Amount used in 2011		(h) Carryover to 2012 col (d) – col (f)
2011		DIS					col (d) – col (f)
2011		ESB	2,267.				2,267.
2011							
2011							
2011							

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2011 NOL deduction**

1 Total the amounts in Part II, line 2, column (f).....	1	
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0-.....	2	0
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7.....	3	0.

STATEMENT 1  
FORM 109, SCHEDULE C, LINE 4A  
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

WAGES AND SALARIES.....	\$	4,766.
RENTAL CLEANUP & SETUP.....		<u>11,231.</u>
TOTAL	\$	<u><u>15,997.</u></u>

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IN  
**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

State Charity Registration Number <u>021615</u>  <b>BAYSIDE COMMUNITY CENTER</b> <small>Name of Organization</small>  <u>P.O. BOX 712525</u> <small>Address (Number and Street)</small>  <u>SAN DIEGO, CA 92171-2525</u> <small>City or Town State ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>D0777801</u>  Federal Employer ID No. <u>95-1652902</u>
--	---

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/11 ending 6/30/12) list:  
 Gross annual revenue \$ 786,142. Total assets \$ 1,256,375.

#### PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note:** If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 858-278-0771  
 Organization's e-mail address \_\_\_\_\_

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

Signature of authorized officer \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

12/04/12

10:09AM

**STATEMENT 1  
FORM RRF-1, PART B, LINE 6  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

COMMUNITY HEALTH IMPROVEMENT PARTNERS  
9370 CHESAPEAKE DRIVE, SUITE 220  
SAN DIEGO, CA 92123

CITY OF SAN DIEGO  
600 B STREET, SUITE 800  
SAN DIEGO, CA 92101  
YOVANNA HANNA (619) 533-5228

COUNTY OF SAN DIEGO  
MEDI-CAL ADMINISTRATIVE ACTIVITIES  
HEALTH AND HUMAN SERVICES  
3851 ROSECRANS STREET  
SAN DIEGO, CA 92110  
JANICE DICROCE, PHD (619) 542-4170

LOCAL INITIATIVES SUPPORT GROUP  
501 7TH AVENUE, 7TH FLOOR  
NEW YORK, NY 10018  
VICKI RODRIQUEZ (619) 528-9058

SAN DIEGO COMMUNITY COLLEGE  
3375 CAMINO DEL RIO SOUTH  
SAN DIEGO, CA 92108  
LILY MINO (619) 388-1828

SAN DIEGO ASSOCIATION OF GOVERNMENTS  
401 B STREET, SUITE 800  
SAN DIEGO, CA 92101-4231  
MIDORI WONG (619) 699-1968

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