

**California Exempt Organization
Annual Information Return**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07-01-2019, and ending (mm/dd/yyyy) 06-30-2020

Corporation/Organization name
DRAKE FUND California corporation number
2227072

Additional information. See instructions. FEIN
91-2033279

Street address (suite or room) 1327 SIR FRANCIS DRAKE BLVD PMB no.

City SAN ANSELMO State CA Zip code 94960

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990)
 (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, 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
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	(12,912)	00	
	2	Gross dues and assessments from members and affiliates	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received	3	358,326	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	4	345,414	00	
	This line must be completed. If the result is less than \$50,000, see General Information B					
	5	Cost of goods sold	5		00	
	6	Cost or other basis, and sales expenses of assets sold	6		00	
	7	Total costs. Add line 5 and line 6	7		00	
8	Total gross income. Subtract line 7 from line 4	8	345,414	00		
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	301,150	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	44,264	00	
Filing Fee	11	Total payments	11		00	
	12	Use tax. See General Information K	12		00	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00	
	15	Filing fee \$10 or \$25. See General Information F	15	10	00	
	16	Penalties and Interest. See General Information J	16		00	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00	

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 PASCALE GREGORY Title MANAGING DIRE Date 05/03/2021 Telephone 415-419-6296

Preparer's signature _____ Date 05/03/2021 Check if self-employed PTIN P00438495

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address EVA T HOLM CPA
26 JORDAN AVE
SAN ANSELMO, CA 94960 Firm's FEIN _____ Telephone 415-297-0752

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	29	00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6	594	00
	7	Other income. Attach schedule	7	(13,535)	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	(12,912)	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	209,228	00
Expenses and Disbursements	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	11		00
	12	Other salaries and wages	12		00
	13	Interest	13		00
	14	Taxes	14	105	00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16		00
	17	Other Expenses and Disbursements. Attach schedule	17	91,817	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	301,150	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		82,898		127,162
2	Net accounts receivable				
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				
	b Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule				
13	Total assets		82,898		127,162
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		82,898		127,162
22	Total liabilities and net worth		82,898		127,162

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

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

1	Net income per books	44,264	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	44,264
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	44,264			

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name
DRAKE FUND

Identifying number
91-2033279

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 345,414; 2 Total gross income (Form 199, line 8) 345,414; 3 Total expenses and disbursements (Form 199, Line 9) 301,150

Part II Settle Your Account Electronically for Taxable Year 2019

4 [] Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
6 Account number _____ 7 Type of account: [] Checking [] Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here

[Signature]
Signature of officer

05-03-2021
Date

[Signature] MANAGING DIRECTOR
Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's-signature [Signature] EVA T HOLM CPA
Date _____
Check if also paid preparer [X]
Check if self-employed [X]
ERO's PTIN P00438495
Firm's name (or yours if self-employed) and address [Signature] EVA T HOLM CPA
26 JORDAN AVE
SAN ANSELMO, CA
Firm's FEIN _____
ZIP code 94960

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature [Signature]
Date _____
Check if self-employed []
Paid preparer's PTIN _____
Firm's name (or yours if self-employed) and address [Signature]
Firm's FEIN _____
ZIP code _____

Name(s) as shown on return

SSN/FEIN

Drake Fund

91-2033279

Form 199 Part II Line 6

Description	Amount
Net gain on investment account	\$ 594
Total:	\$ 594

Form 199 Part II Line 7

Description	Amount
Fundraising events net of expenses	\$ (13,535)
Total:	\$ -13,535

Form 199 Part II Line 9

Description	Amount
Sir Francis Drake High School	\$ 209,228
Total:	\$ 209,228

Form 199 Part II Line 17

Description	Amount
Fees for management services	\$ 9,687
Accounting fees	300
Advertising and promotion	3,433
Information technology	1,944
Insurance	420
Bank and credit card fees	9,883
Charitable contributions	10,000
Postage	553
Community events	3,619
Graduation ceremony	32,200
Parent educational events	1,537
Parent social events	3,882
Signs for fields for advertisers	3,467
Staff & student appreciation	10,263
Miscellaneous	349
Office expenses	280
Total:	\$ 91,817