MSTHORNTON CERTIFIED PUBLIC ACCOUNTANT

San Diego Unified School District Community Service Association Year Ended August 31, 2018

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

August 31, 2018

Prepared For:

San Diego Unified School District Community Service Association 4100 Normal Street San Diego, CA 92103

Prepared By:

MELODY S. THORNTON, CPA PO Box 1059 Cardiff, CA 92007

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

July 15, 2019

Special Instructions:

The return should be signed and dated.

Form **990-EZ**

Extended to July 15, 2019 Short Form **Return of Organization Exempt From Income Tax**

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

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For th	e 2017 calendar year, or tax year beginning SEP 1, 2017 and ending	g AU	G 3	31, 20	18
R	Check	f O Name of organization				ntification number
		ress change San Diego Unified School District				
X	=	Community Service Association		9	95-607	2931
-	7		loom/suite	E Te	elephone nu	mber
H	Fina	return/ 4100 Normal Street		(519-28	32-9596
\vdash	=	City or town, state or province, country, and ZIP or foreign postal code			roup Exemp	
		cation pending San Diego, CA 92103			umber >	
G /		nting Method:		H C	neck > 2	if the organization is
		te: N/A				o attach Schedule B
		xempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or	527			0-EZ, or 990-PF).
		of organization: X Corporation Trust Association Other				
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets (Part I	l.		
					▶ \$	115,769.
Ps	rt I	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (s	ee the instru	ction	s for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I				X
	4	Contributions, gifts, grants, and similar amounts received			1	115,722.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income See Schedu	le 0		4	47.
		Gross amount from sale of assets other than inventory 5a	n.m			
	5a	Less: cost or other basis and sales expenses 5b		_		
	b	(Old and Park English Control of the			5c	
	C				30	
	6	Gaming and fundraising events			134	
e le	а	Gross income from gaming (attach Schedule G if greater than				
Revenue		\$15,000)		_		
Se.	b	Gross income from fundraising events (not including \$ of contributions			A 200	
		from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)			100	
	C	Less: direct expenses from gaming and fundraising events 6c		-		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	· · · · · · · · · · · · · · · · · · ·
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold		_	li see	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0)			8	115 560
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	115,769.
	10	Grants and similar amounts paid (list in Schedule 0) See Schedu	Le O		10	94,252.
	11	Benefits paid to or for members			11	4.6.000
2	12	Salaries, other compensation, and employee benefits			12	16,800.
<u> </u>	13	Professional fees and other payments to independent contractors			13	1,400.
Expenses	14	Occupancy, rent, utilities, and maintenance			14	1 100
<u> </u>	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) See Schedul			15	1,426.
	16	Other expenses (describe in Schedule 0) See Schedul	.e 0		16	165.
	17	Total expenses. Add lines 10 through 16			17	114,043.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	1,726.
Sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
ASS		(must agree with end-of-year figure reported on prior year's return)			19	32,402.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		>	21	34,128.
_		Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2017)

Pa	Balance Sheets (see the instructions for Part II)					[77
	Check if the organization used Schedule O to re	espond to any questic	on in this Part II	·····	(D)	End of year
			(A) Beginning of year 31,424.	100	(B)	End of year 33,150
22	Cash, savings, and investments		31,424.			33,130
23	Land and buildings Other assets (describe in Schedule 0) See Schedule		978.	23		978
24			32,402.	_		34,128
25	Total assets		0.	$\overline{}$		0
26	Total liabilities (describe in Schedule 0)		32,402.			34,128
27	Net assets or fund balances (line 27 of column (B) must agree with line 2 art III Statement of Program Service Accomplishment	ents (see the instruc	tions for Part III)	121	F	xpenses
Pa	Check if the organization used Schedule O to re	espond to any questic	on in this Part III		(Required	for section
14/hai	t is the organization's primary exempt purpose? Grantmaking	oporta to arry queent				and 501(c)(4)
	ribe the organization's program service accomplishments for each of its three largest program	m services as massured by expens	es. In a clear and concise		others.)	ions, optional for
mann	er, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title.				
28	Grants made to charitable organiza	tions to assi:	st them in			
	their charitable purpose.					
	(Grants \$ 94, 252.) If this amount includes foreign	n grants, check here			28a	94,252
29				_		
				_		
	(Grants \$) If this amount includes foreign	n grants, check here			29a	
30				_		
				- 1		
				_,		
	(Grants \$) If this amount includes foreign	n grants, check here			30a	
31				1		
	(Grants \$) If this amount includes foreign				31a	94,252
32	Total program service expenses (add lines 28a through 31a) rt IV List of Officers, Directors, Trustees, and Key	Employees			32	
Ра	Check if the organization used Schedule O to re			e trie in	structions ic	or Part IV)
_	Check if the organization used Schedule O to re	(b) Average hours	1	d) Hee	Ith benefits,	(e) Estimated
	(-) Name and title	per week devoted to	compensation (Forms	contril	butions to	amount of other
	(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	olans, a	nd deferred ensation	compensation
Tir	m Felix				- 1	
	ce Chairperson	2.00	0.		0.	0.
	nda Hippe					
	ard Member	1.00	0.		0.	0.
	chelle Bryant					
	airperson	1.00	0.		0.	0.
	nda Kleiner					
	ard Member	1.00	0.		0.	0.
	omi Raffel					
	ard Member	1.00	0.		0.	0.
Che	eryl Ward					
	ard Member	1.00	0.		0.	0.
Kat	thaleen Wilson					
	ard Member	1.00	0.		0.	0.
	n Wood					
	ard Member	1.00	0.		0.	0.
	rbara Asaro	40.00	46 000		•	
	cretary/Treasurer	10.00	16,800.		0.	0.
	istie Calton	4 00			0	_
	ard Member	1.00	0.		0.	0.
	dy Feidler	1 00			0	0
Boa	ard Member	1.00	0.		0.	0.
						200 57

	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b		X
C	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44d		1000
45 a	in Schedule O	45a		Х
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)2 If "Yes." Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2017)

orm 990-EZ ((2017) Community Ser	vice Associa	tion			95-	60729	31	_	age
			1.10.16.2		adidakan far	ıblic eff	ion?	~ 1	Yes	N
	organization engage, directly or indirectly, i							46		X
	complete Schedule C, Part I Section 501(c)(3) organization							70		
Part VI	All section 501(c)(3) organizations mu	et answer allestions 47-	49h and 52, and con	mplete the ta	bles for lines	s 50 an	d 51.			
	Check if the organization used Sched	tule O to respond to any	question in this Parl	t VI						
	CHeck II the organization used ochec	die O to respond to day	quodion in ano i an						Yes	N
7 Did the c	organization engage in lobbying activities of	r have a section 501(h) elec	tion in effect during the	e tax year? If "	Yes," complete	Sch. C	, Part II	47		X
8 Is the or	ganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," c	omplete Schedule E					48		X
	organization make any transfers to an exem							49a		X
b If "Yes," \	was the related organization a section 527	organization?						49b		_
Complete	e this table for the organization's five highe	est compensated employees	(other than officers, di	irectors, truste	es, and key er	nployee	s) who ead	ch rec	eived m	ore
than \$10	00,000 of compensation from the organizati					(4)	111 1 674	1.) Cation	
	(a) Name and title of each emplo	byee	(b) Average hour per week devoted	I to comp	Reportable ensation (Forms	contr	alth benefits, ibutions to) Estimation (
	3.7	ONE	position	W-:	2/1099-MISC)	plans,	yee benefit and deferred pensation		mpensa	
	N	ONE	·			COM	perisation			_
Complete organizat	don't train or to the to	st compensated independer	at contractors who each			000 of c				
1 Complete organizat	e this table for the organization's five highe	st compensated independer	at contractors who each	h received mo		000 of c			m the	
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N	st compensated independer	at contractors who each			000 of c				
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N	st compensated independer	at contractors who each							
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N Name and business address of each indepe	st compensated independer	at contractors who each			000 of c		ompe	nsation	
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N	st compensated independer	at contractors who each						nsation	
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N Name and business address of each indepe	st compensated independer	at contractors who each					ompe	nsation	
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N Name and business address of each indepe	st compensated independer	at contractors who each					ompe	nsation	
1 Complete organizat	e this table for the organization's five highe tion. If there is none, enter "None." N Name and business address of each indepe	st compensated independer	at contractors who each					ompe	nsation	
1 Complete organizal (a) !	e this table for the organization's five highe tion. If there is none, enter "None." N Name and business address of each indepe	st compensated independer ONE endent contractor	at contractors who each					ompe	nsation	
1 Complete organizal (a) f	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indepe	st compensated independer IONE endent contractor	at contractors who each					ompe	nsation	
d Total nur 2 Did the o	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indepe mber of other independent contractors each organization complete Schedule A? Note: A	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organiza	ations must attach a				(c) C	ompe	nsation	
d Total num 2 Did the o	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each independent contractors each organization complete Schedule A? Note: And Schedule A?	st compensated independer IONE endent contractor receiving over \$100,000 Il section 501(c)(3) organiza	at contractors who each	(b) Type o	of service	3	(c) C	ompe	nsation	
d Total nun Did the o complete	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indepe mber of other independent contractors each organization complete Schedule A? Note: A	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organizathis return, including accomp	ations must attach a	(b) Type o	of service	t of my	(c) C	ompe	nsation	
d Total nun Did the o complete inder penaltier ue, correct, a	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indeperation of other independent contractors each organization complete Schedule A? Note: A sed Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organizathis return, including accomp	ations must attach a	(b) Type o	of service	t of my	(c) C	ompe	nsation	
d Total nun 2 Did the o complete nder penaltie ue, correct, a	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indeperation of other independent contractors each organization complete Schedule A? Note: A sed Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other Signature of officer	st compensated independer ONE endent contractor receiving over \$100,000 If section 501(c)(3) organizathis return, including accomprehan officer) is based on all	ations must attach a	(b) Type o	of service	t of my	(c) C	ompe	nsation	
d Total nun Did the o complete nder penaltie ue, correct, a	mber of other independent contractors each organization complete Schedule A? Note: A sof perjury, I declare that I have examined and complete. Declaration of preparer (other signature of officer Barbara Asaro, See	st compensated independer ONE endent contractor receiving over \$100,000 If section 501(c)(3) organizathis return, including accomprehan officer) is based on all	ations must attach a	(b) Type o	of service	t of my	(c) C	ompe	nsation	
d Total nun Did the o complete nder penaltie ue, correct, a	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each independent contractors each organization complete Schedule A? Note: A sed Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other signature of officer Barbara Asaro, Section of Type or print name and title	st compensated independer ONE condent contractor receiving over \$100,000 Il section 501(c)(3) organizathis return, including accompression of the contractor	ations must attach a annonying schedules and information of which	(b) Type of	and to the bes	it of my	(c) C	ompe	nsation	
d Total nun Did the o complete	mber of other independent contractors each organization complete Schedule A? Note: A sof perjury, I declare that I have examined and complete. Declaration of preparer (other signature of officer Barbara Asaro, See	st compensated independer ONE endent contractor receiving over \$100,000 If section 501(c)(3) organizathis return, including accomprehan officer) is based on all	ations must attach a apanying schedules and information of which, surer	o statements, oreparer has	and to the bes	t of my	(c) C	ompe	nsation	
d Total nur Did the o complete nder penaltie ue, correct, a	mber of other independent contractors each organization complete Schedule A? Note: A sof perjury, I declare that I have examined and complete. Declaration of preparer (other type or print name and title Print/Type preparer's name	st compensated independer ONE endent contractor receiving over \$100,000 If section 501(c)(3) organizations return, including accompany than officer) is based on all cretary/Treas	ations must attach a anpanying schedules and information of which	(b) Type of	and to the bes	t of my	(c) C	Yee a and	nsation	
d Total nun 2 Did the o complete ue, correct, a lign lere	mber of other independent contractors each organization complete Schedule A? Note: A sof perjury, I declare that I have examined and complete. Declaration of preparer (other large or print name and title Print/Type preparer's name Melody Thornton	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organization officer) is based on all cretary/Treas Preparer's signature My Awart	ations must attach a Inpanying schedules and Information of which, surer Dat 2	o statements, oreparer has	check X self- employ	t of my	(c) C	Yee and	nsation	
d Total nun 2 Did the o complete nder penalties ue, correct, a	mber of other independent contractors each independent contractors independent contractor	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organization this return, including accompanies than officer) is based on all cretary/Treas Preparer's signature Preparer's Signature THORNTON, CPA	ations must attach a Inpanying schedules and Information of which, surer Dat 2	o statements, oreparer has	and to the beson knowledge Check X self- employ	t of my	CC) C X knowledge	Yes and	belief, i	
d Total nun Did the o complete nder penaltie ue, correct, a ign ere aid reparer	e this table for the organization's five highe tion. If there is none, enter "None." Name and business address of each indeperation of other independent contractors each organization complete Schedule A? Note: A sed Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other type or print name and title Print/Type preparer's name Melody Thornton Firm's name Melody S. 'Firm's address PO Box 10	st compensated independer ONE endent contractor receiving over \$100,000 Il section 501(c)(3) organizathis return, including accompany than officer) is based on all cretary/Treas Preparer's signature When the compensated independer of the contractor of the contr	ations must attach a Inpanying schedules and Information of which, surer Dat 2	o statements, oreparer has	check X self- employ	t of my	(c) C	Yes and	belief, i	
d Total nun 2 Did the o complete nder penaltie ue, correct, a ign lere aid reparer lse Only	mber of other independent contractors each independent contractors independent contractor	receiving over \$100,000 Il section 501(c)(3) organizathis return, including accommodate this return, including accommodate the return officer) is based on all cretary/Treas Preparer's signature What August THORNTON, CPA 59 CA 92007	ations must attach a Inpanying schedules and Information of which, surer Dat 2	o statements, oreparer has	and to the beson knowledge Check X self- employ	t of my	PTIN P000 1-080 9-990	Yes and	belief, i	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. San Diego Unified School District

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 95-6072931 Community Service Association Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN n your gove ina document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

95-6072931 Page 2

Schedule A (Form 990 or 990-EZ) 2017 Community Service Association 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 (f) Total Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (a) 2013 (b) 2014 (c) 2015 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Community Service Association Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

95-6072931 Page 3

Schedule A (Form 990 or 990-EZ) 2017

Section	n A. Public Support	now, please comp	nete i art ii.)				
	r year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	its, grants, contributions, and						
	embership fees received. (Do not						
inc	lude any "unusual grants.")	173,086.	158,966.	154,161.	148,762.	115,722.	750,697.
for any	oss receipts from admissions, erchandise sold or services per- med, or facilities furnished in y activity that is related to the ganization's tax-exempt purpose				600.		600.
	oss receipts from activities that						
	e not an unrelated trade or bus- ess under section 513						
iza	x revenues levied for the organ- tion's benefit and either paid to expended on its behalf						
fur	e value of services or facilities nished by a governmental unit to						
	organization without charge	173,086.	158 966	154 161	149,362.	115.722.	751,297.
_	tal. Add lines 1 through 5	1/3,000.	130,300.	134,101.	225/5021		
3 r	nounts included on lines 1, 2, and eceived from disqualified persons						0.
from	ounts included on lines 2 and 3 received in other than disqualified persons that eed the greater of \$5,000 or 1% of the ount on line 13 for the year						0.
	d lines 7a and 7b						0.
	blic support. (Subtract line 7c from line 6.)						751,297.
Sectio	on B. Total Support						
Calendai	r year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	nounts from line 6	173,086.	158,966.	154,161.	149,362.	115,722.	751,297.
div	oss income from interest, ridends, payments received on curities loans, rents, royalties, d income from similar sources	39.	37.	33.	48.	47.	204.
b Unr	related business taxable income						
,	ss section 511 taxes) from businesses juired after June 30, 1975					4.5	004
	d lines 10a and 10b	39.	37.	33.	48.	47.	204.
act wh	t income from unrelated business tivities not included in line 10b, lether or not the business is gularly carried on						
12 Oth	her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)						504
13 Tot	al support. (Add lines 9, 10c, 11, and 12.)	173,125.			149,410.		
14 Fire	st five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
che	eck this box and stop here	0					
	on C. Computation of Publi					45	99.97 %
	blic support percentage for 2017 (li					16	99.98 %
16 Pu	blic support percentage from 2016	Schedule A, Part I	Dercentage			10	33.30 /0
	on D. Computation of Investment income percentage for 20			o 13 column (f)		17	.03 %
17 Inv	restment income percentage for 20	17 (line ruc, colui	nn (i) aiviaea by iiri Dort III. line 17	6 13, Column (i))	***************************************	18	.02 %
18 Inv	restment income percentage from 2 1/3% support tests - 2017. If the	organization did n	ot check the hove	n line 14 and line	15 is more than 3		
mo	ore than 33 1/3%, check this box an	d stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b 33	1/3% support tests - 2016. If the a 18 is not more than 33 1/3%, chec	organization aid n	on here. The organ	nization qualifies a	s a publicly suppo	rted organization	D
line	e 18 is not more than 33 1/3%, cried	n did not check a l	hox on line 14, 19	or 19b, check th	is box and see inst	ructions	▶□

Schedule A (Form 990 or 990-EZ) 2017 Community Service Association

Part IV Supporting Organizations 95-6072931 Page 4

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

	Sections A, D, and E. If you checked 12d of Part I, complete Se	ections A and D, and complete Part V.)
Section A.	All Supporting Organizations	

ec	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	3 6 3	Ter.
2	Did the organization have any supported organization that does not have an IRS determination of status	Philippi.		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			0
	organization was described in section 509(a)(1) or (2).	2	1 (1	0 00
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	1 - 70	rt ett te t
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	(E) = V		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	Ob		
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		10
4.	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	SC		Hill
4a		4a		
h	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			MA
Ů	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	713		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	3	100	erit s
	designated in the organization's organizing document?	5b		_
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	2 1 P	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			- A TAIL
_	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6	1139	
1	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
		7		
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			III)E
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			L
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		-	
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			151

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2017 Community Service Association 95-6072931 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions), Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017 Community Service Association 95-6072931 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

San Diego Unified School District Schedule A (Form 990 or 990-EZ) 2017 Community Service Association 95-6072931 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

	San Dieg	o onilited	3-resistion	95-6072931 Page 8
Schedule A	(Form 990 or 990-EZ) 2017 Communit	y Service	Association	
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Section D, lines 2 and 3; Part Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines D, Section D, Sectio	, 5a, 6, 9a, 9b, 9c,	11a, 11b, and 11c; Part IV, Sectors 1c. 2a, 2b, 3a, and 3b; Part V.	tion B, lines 1 and 2; Part IV, Section C, line 1: Part V. Section B. line 1e; Part V,
	(See instructions.)			
-				- Andrews

732028 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE O

Department of the Treasury

732211 09-07-17

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

San Diego Unified School District

Empl

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Community Service Association

Employer identification number 95-6072931

Description of Property:	Amount:
Interest Income	47.
Form 990-EZ, Part I, Line 10, Grants and Similar Amounts Paid:	
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: Alcott Infant Development Program	
Grantee Address: 4680 Hidalgo Ave San Diego, CA 92117	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	740.
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: Alpha Project for the Homeless	
Grantee Address: 3737 Fifth Ave, Suite 203 San Diego, CA 92101	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	1,540.
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: American Cancer Society	
Grantee Address: 2655 Camino Del Rio, Suite 100 San Diego, CA 92	2108
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	250 . m 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Amount Given:	600.
Amount Given.	
Activity Classification: Purchase Supplies & Equipme	nt
Grantee Name: Challenger Instrumental Music Assn.	
Grantee Address: 10940 Westmore Ct San Diego, CA 921	26
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	500.
Activity Classification: Holiday Food Baskets for Far	milies in Child Care
Program	
Grantee Name: Chicano Federation	
Grantee Address: 3180 University Ave, Suite 317 San	Diego, CA 92104
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	750.
Activity Classification: Purchase STEM materials for	preschoolers
Grantee Name: Child Development Associates, Inc.	
Grantee Address: 180 Otay Lakes Rd, Suite 310 Bonita	, CA 91902
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	720.
Activity Classification: Funding for dental procedure	es
Grantee Name: Children's Dental Health Association	
Grantee Address: 1270 - 24th St San Diego, CA 92102	
Grantee Relationship: None	
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990	-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Property Descri	ption: Cash	600
Amount Given:		600.
Activity Classi	fication: Transportation for Students to	Participate in
Orchestra		
Grantee Name: C	lassics for Kids	
Grantee Address	: 3740 Fourth Ave San Diego, CA 92103	
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		1,200.
Activity Classi	fication: Scholarships	
Grantee Name: C	ommunity Campership Council, Inc.	
Grantee Address	: 7510 Clairemont Mesa Blvd, Suite 208 Sa	an Diego, CA 92111
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		960.
Activity Classi	fication: Day buses and food distribution	
	ommunity Christian Svc. Agency	
		1.0
Grantee Address	: 4167 Rappahannock Ave San Diego, CA 921	.17
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		1,260.
Activity Classi	fication: Purchase Costumes and Props	
Grantee Name: C	ygnet Theatre Company	
Grantee Address	: 2410 Congress St San Diego, CA 92110	
732212 09-07-17		chedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relati		
Property Descr		
	iperon. easir	680
Amount Given:		
Activity Class	ification: Purchase Supplies & Equipment	
	Dana Instrumental Music Program	
		06
	s: 1775 Chatsworth Blvd San Diego, CA 921	.00
Grantee Relati		
Property Descr	iption: Cash	
Amount Given:		200.
Activity Class	ification: Gas Cards for Food Transportat	ion
Grantee Name:	Education X Opportunity	
Grantee Addres	s: P.O. Box 880575 San Diego, CA 92168	
Grantee Relati	onship: None	
Property Descr	iption: Cash	
Amount Given:		2,282.
Activity Class	ification: Scholarships	
Grantee Name:	Elementary Institute of Science	
Grantee Addres	s: 608 51st St San Diego, CA 92114	
Grantee Relati	onship: None	
Property Descr	iption: Cash	
Amount Given:		50.
amount of veni		
Activity Class	ification: Purchase 3 tumbling mats for a	fterschool program
	Fern Street Circus	
	s: P.O. Box 5864 San Diego, CA 92165	
Grantee Addres		Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-	-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relation		
Property Descri	ption: Cash	840.
Amount Given:		040.
Activity Classi	fication: Purchase Supplies & Equipme	nt
Grantee Name: F	riendship Circle San Diego, Inc.	
Grantee Address	: 16934 Chabad Way Poway, CA 92064	
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		800.
Activity Classi	fication: Purchase Art Supplies	
Grantee Name: F	riends of Carrillo Ranch, Inc.	
Grantee Address	: P.O. Box 130145 Carlsbad, CA 92013	
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		750.
Activity Classi:	fication: Purchase Supplies & Equipmen	nt
Grantee Name: F:	riends of Tecolote Canyon	
Grantee Address	: 5642 Tamres Dr San Diego, CA 92111	
Grantee Relation		
Property Descri		
Amount Given:	0434	800.
Amount Given:		
		nt
	fication: Purchase Supplies & Equipmen	пс
	arfield Foundation	
	: 1255 16th St San Diego, CA 92101	Schedule O (Form 990 or 990-EZ) (2017)
732212 09-07-17		Schedule O (Form 990 or 990-E2) (20

Schedule O (Form 990 or 990	-F7) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
		73 0072332
Grantee Relatio	nship: None	4-4-4-
Property Descri	ption: Cash	
Amount Given:		100.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: G	irl Scouts, San Diego-Imperial Council, Ir	nc.
Grantee Address	: 1231 Upas St San Diego, CA 92103	
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	fication: Pay for special diet meals for l	Low-income seniors
Grantee Name: G	reater La Jolla Meals-On-Wheels, Inc.	
Frantee Address	: 9888 Genessee Ave La Jolla, CA 92037	
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		500.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: H	eart N Soul Equine Assisted Therapy	
Grantee Address	: P.O. Box 1302 Pine Valley, CA 91962	
Frantee Relation	nship: None	
Property Descri		
Amount Given:		46.
activity Classi	fication: Therapeutic Riding Program feed	& supplies
Frantee Name: He	elen Woodward Animal Center	
Frantee Address	P. O. Box 64 Rancho Santa Fe, CA 92067	
32212 09-07-17		edule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990)-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	fication: Purchase furniture for new cl	ient home
Grantee Name: H	Nome of Guiding Hands	
Grantee Address	: 1825 Gillespie Way, Suite 200 El Cajo	n, CA 92020
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		800.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: I	Love a Clean San Diego	
Grantee Address	: 2508 Historic Decatur Road, Suite 150	San Diego, CA 92106
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		500.
Activity Classi	fication: Gas & Vehicle Maintenance for	Afterschool program
Grantee Name: I	nclude Autism	
Grantee Address	: P.O. Box 720072 San Diego, CA 92172	
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		500.
Activity Classi:	fication: Purchase Supplies & Equipment	
	njured Marine Semper Fi Fund	
	: 825 College Blvd., Suite 102 Oceanside	e, CA 90257
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990)-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School Distric Community Service Association	Employer identification number 95-6072931
Grantee Relation		
Property Descri		
Amount Given:		1,300.
Amount Given:		1,3000
Activity Classi	fication: Portable Shower for Rota	ational Shelter Program
Grantee Name: I	Interfaith Shelter Network of San I	Diego
Grantee Address	:: 3530 Camino Del Rio North, Suite	e 301 San Diego, CA 92108
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		2,400.
Activity Classi	fication: Gas & Target gift cards	for SARAH participants
Grantee Name: J	ewish Family Service of San Diego	
Grantee Address	: 8804 Balboa Ave San Diego, CA 92	2123
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	fication: Purchase Supplies & Equi	pment
Grantee Name: K	ensington Community Church	
Grantee Address	: 4773 Marlborough Dr San Diego, C	A 92116
Grantee Relation	nship: None	
Property Descri		
Amount Given:		1,000.
Activity Classi:	fication: Purchase Supplies & Equi	pment
Grantee Name: La	amb's Players Theatre	
Frantee Address	: P.O. Box 182229 Coronado, CA 921	
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990	J-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relatio		
Property Descri		
Amount Given:		550.
IMO GITO OL VOIT		
Activity Classi	fication: Purchase Supplies & Equipm	nent
Grantee Name: L	anguage Academy ASB	
Grantee Address	: 4961 64th St San Diego, CA 92115	
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		30.
Activity Classi	fication: Purchase Supplies & Equipm	ent
Grantee Name: L	awrence Family Jewish Community Cent	er
Grantee Address	: 4126 Executive Dr La Jolla, CA 920	37
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		900.
Activity Classi:	fication: Buy books for book cart at	UCSD Cancer Center
Grantee Name: L:	ight One Little Candle Fnd San Die	ego
Grantee Address	: 6685 Caminito Lindrick La Jolla, CA	A 92037
Grantee Relation	nship: None	
Property Descrip	otion: Cash	
Amount Given:		500.
Activity Classif	fication: Buy music materials	
Grantee Name: Lo	oma Portal Music Program	
Grantee Address:	: 3341 Browning St San Diego, CA 9210	06
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 Name of the organization	O-EZ) (2017) San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relation		
Property Descri	iption: cash	200.
Amount Given:		200.
Activity Classi	ification: Tent canopies and tables ren	ited for breast cancer
walk		
Grantee Name: M	Making Strides Against Breast Cancer -	American
Cancer Soc.		
Grantee Address	s: 5333 Mission Center #105 San Diego,	CA 92108
Grantee Relatio	onship: None	
Property Descri	iption: Cash	
Amount Given:		805.
Activity Classi	ification: Purchase 1,000 meals for Chi	ldren's Nutritional
Health Program		
Grantee Name: M	Mama's Kitchen	
Grantee Address	s: 3960 Home Ave San Diego, CA 92104	
Grantee Relation		
Property Descri		
Amount Given:		2,070.
Amount Given.		
Activity Classi	ification: Buy two MAC computers for Su	mmer Music Experience
	III Cation: Buy two MAC compaters for bu	
Participants		
	Mandate Project Impact Inc.	0.00.00111
	s: 8333 Clairemont Mesa Blvd., Suite 20	u san Diego, CA 92111
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		600. Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990 Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Amount Given:		1,200.
Activity Classi	fication: Purchase Supplies & Equipment	t
Grantee Name: N	Noah Homes, Inc.	
Grantee Address	: 12526 Campo Rd San Diego, CA 91978	
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		750.
Activity Classi	fication: Curriculum materials	
Grantee Name: N	TTC Foundation	
Grantee Address	: 2825 Dewey Rd, Suite 207 San Diego, C	CA 92106
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: O	our Lady of the Sacred Heart School	
Grantee Address	: 4106 42nd St San Diego, CA 92105	
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		200.
Activity Classi	fication: Support for Caregivers	
Grantee Name: P	arkinson's Association of San Diego	
Grantee Address	: 8555 Aero Dr San Diego, CA 92123	
Grantee Relatio	nship: None	
Property Descri		
700040 00 07 47		Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990)-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Amount Given:		50.
Activity Classi	fication: Start-up costs for new service	ce dogs
Grantee Name: P	Paws'itive Teams	
Grantee Address	s: 7031 Carroll Rd San Diego, CA 92121	
Grantee Relatio	onship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	fication: Purchase Gas cards for Transp	portation of Seniors
Grantee Name: P	eninsula Shepherd Center	
Grantee Address	: 1475 Catalina Blvd. San Diego, CA 921	L07
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		800.
Activity Classi	fication: Underwrite costs of student t	cickets
Grantee Name: P	laywrights Project	
Grantee Address	: 3675 Ruffin Rd, Suite 330 San Diego,	CA 92123
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		800.
Activity Classi	fication: Camp Connect Prog supplies: f	oster siblings
living apart to	get together	
Grantee Name: P	romises 2 Kids	
Grantee Address	: 9400 Ruffin Ct, Suite A San Diego, CA	92123
Grantee Relation	nship: None	O.L. 11. O.F
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990	-EZ) (2017)	Page
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Property Descri		
	peron. Cash	1 500
Amount Given:		1,500.
Activity Classi	fication: Buy books for kids with family	members in
jail/prison		
Grantee Name: R	eading Legacies	
Grantee Address	: 2750 Historic Decatur Rd, Suite 210 San	n Diego, CA 92106
Grantee Relatio	nship: None	
Property Descri	ption: Cash	
Amount Given:		750.
Activity Classi	fication: Purchase Supplies & Equipment	
	an Diego Automotive Museum	
<u>Grantee Address</u>	: 2508 Historic Decatur Road, Suite 150 S	an Diego, CA 92106
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		500.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: S	an Diego Brain Tumor Foundation	
Grantee Address	: 852 Fifth Avenue San Diego, CA 92101	
Grantee Relation		
Property Descri		
	octon. Cash	50.
Amount Given:		50:
Activity Classi	fication: Purchase clothing, blankets and	toiletries for
homeless people		
	an Diego Catholic Worker	the data of Paris 200 are 200 PT (004T)
732212 09-07-17	Sc	chedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Address: P.O. Box 127244 San Diego, CA 92112	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	300.
Activity Classification: Purchase books, art supplies and	other materials
used by students.	
Grantee Name: San Diego Center for Children	
Grantee Address: 3002 Armstrong St San Diego, CA 92111	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	700.
Activity Classification: Sheet Music	
Grantee Name: San Diego Children's Choir	
Grantee Address: 123 Camino de la Reina South, Suite 202	
San Diego, CA 92108	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	800.
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: San Diego Department of Animal Control - Spi	irit
Fund	
Grantee Address: 5480 Gaines St San Diego, CA 92110	
Grantee Relationship: None	
Property Description: Cash	
	100.
Amount Given: 732212 09-07-17 Sche	edule O (Form 990 or 990-EZ) (2017)

Name of the organization San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Activity Classification: CSA Scholarship (Future Educato	rs)
Grantee Name: San Diego Education Fund - CSA Scholarship	
Grantee Address: 4100 Normal St, Suite 3251 San Diego, C.	A 92103
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	2,500.
Activity Classification: Prescription Medications & Medications	cal Care
Grantee Name: San Diego Family Care	
Grantee Address: 6973-7011 Linda Vista Rd San Diego, CA	92111
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	3,000.
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: San Diego Food Bank	
Grantee Address: 9850 Distribution Ave San Diego, CA 9212	21
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	120.
Activity Classification: Purchase Supplies & Equipment	
Grantee Name: San Diego Guild of Puppetry, Inc.	
Grantee Address: 281 East Millan St Chula Vista, CA 91910	
Grantee Relationship: None	
Property Description: Cash	
Amount Given:	760.
	edule O (Form 990 or 990-EZ) (2017)

Page 2

Schedule O (Form 990 or 990	D-EZ) (2017)	Page :
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Amount Given:		850.
2210 4220 52 7527		
Activity Classi	fication: Purchase Supplies & Equipment	
	San Diego LGBT Community Center	
	:: 3909 Centre St San Diego, CA 92103	
Grantee Relatio		
Property Descri		
Amount Given:	peroni cabi	275.
Amount Given:		273.
Activity Classi	fication: Children's Books, Craft Suppli	es. Furniture
	an Diego Model Railroad Museum	
	: 1450 Prado, #4 San Diego, CA 92101	
Grantee Relation		
Property Descri		
,	pcion: cash	500.
Amount Given:		500.
Activity Classi:	fication: Provisions for kids staying at	Nueva Vida Haven
emergency Shelt	er	
Grantee Name: Sa	an Diego Rescue Mission	
Grantee Address	: P.O. Box 80427 San Diego, CA 92114	
Grantee Relation	nship: None	
Property Descrip	ption: Cash	
Amount Given:		1,700.
Activity Classif	fication: Replace hand tools & seeds for	Youth Garden
Grantee Name: Sa	an Diego Second Chance	
Grantee Address	: 6145 Imperial Ave San Diego, CA 92114	
Grantee Relation		
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990	D-EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Property Descri	iption: Cash	
Amount Given:		720.
Activity Classi	ification:	
	San Diego Shakespeare Society	
		117
	s: 7442 Conestoga Way San Diego, CA 92	117
Grantee Relation	onship: None	
Property Descri	ption: Cash	
Amount Given:		510.
Activity Classi	ification: Underwrite student tickets	
Grantee Name: S	San Diego Symphony Orchestra Association	on
Grantee Address	s: 1245 Seventh Ave San Diego, CA 9210	1
Grantee Relation	onship: None	
Property Descri	ption: Cash	
Amount Given:		1,000.
Activity Classi	ification: Purchase Supplies & Equipmen	nt
	SDUSD California School Age Families (
Education Fund		
	s: 2441 Cardinal Lane, Bldg L San Diego	O CA 92123
		o, ar 32223
Grantee Relatio		
Property Descri	ption: Cash	4-4
Amount Given:		170.
Activity Classi	fication:	
Grantee Name: S	SDUSD Children & Youth In Transition	
Grantee Address	s: 4100 Normal St San Diego, CA 92103	
732212 09-07-17		Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-	EZ) (2017)	Page 2
Name of the organization	San Diego Unified School District Community Service Association	Employer identification number 95-6072931
Grantee Relation	nship: None	
Property Descri	ption: Cash	
Amount Given:		18.
Activity Classi	fication: Purchase Supplies & Equipment	
Grantee Name: S	DUSD Early Childhood Special Education (San
Diego Education	Fund #2196)	
Grantee Address	: 3401 Clairemont Dr San Diego, CA 92115	
Grantee Relation	nship: None	
Property Descri	otion: Cash	
Amount Given:		135.
Activity Classi	fication: Food for Transformational Recov	very Program
Grantee Name: Sl	nakti Rising, Inc.	
Grantee Address	P.O. Box 5655 San Diego, CA 92165	
Grantee Relation	nship: None	
Property Descri	otion: Cash	
Amount Given:		900.
Activity Classif	ication: Purchase Supplies & Equipment	
Grantee Name: Si	ster Dolores Social Outreach Program	
Grantee Address:	278 Alvarado St Chula Vista, CA 91910	
Grantee Relation	ship: None	
Property Descrip	tion: Cash	
Amount Given:		330.
Activity Classif	ication: Provide items for food program	for disadvantaged
clients.	6.	chedule O (Form 990 or 990-EZ) (2017)
732212 09-07-17	30	SHEUDIE O (FUITH SOU OF SOUTER) (2017)

Page 2

Schedule O (Form 990 or 990)-EZ) (2017)		Page :
Name of the organization	San Diego Unified School Community Service Associ		Employer identification number 95-6072931
Miscellaneous			60.
Total to Form 9	990-F7 line 16		165.
Total to Form 9	70-E2, 11He 10		1031
Form 990-EZ, Pa	art II, Line 24, Other Ass	ets:	
Description		Beg. of Ye	ear End of Year
Other Deprecial	ole Assets	97	78. 978.
Form 990-EZ, Pa	rt V, Information Regarding	ng Personal Benefit	: Contracts:
The organization	n did not, during the year	r, receive any fund	ls, directly,
or indirectly,	to pay premiums on a person	onal benefit contra	ict.
	on, did not, during the year		
or indirectly,	on a personal benefit con	LI act.	
			11 444 1 444 1 444

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (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 Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or San Diego Unified School District print 95-6072931 Community Service Association File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 4100 Normal Street return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 92103 San Diego, CA 0 1 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Code Is For Is For Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ Form 1041-A 08 02 Form 990-BL Form 4720 (individual) Form 4720 (other than individual) 09 03 10 04 Form 5227 Form 990-PF Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) Barb<u>ara</u> Asaro The books are in the care of

7	elephone No. ▶ 858-663-2324 Fax No. ▶						
	f the organization does not have an office or place of business in the United States, check this box			▶ 📖			
		this is fo	or the whole gro	up, check this			
box	The same of the sa	ll memb	ers the extensi	on is for.			
1		he exen	npt organizatio	n return			
	for the organization named above. The extension is for the organization's return for:						
	calendar year or X tax year beginning SEP 1, 2017 , and ending AUG 31, 2018	<u>.</u>					
2	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						
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
	nonrefundable credits. See instructions.	3a	\$	0.			
b	If this application is for Forms 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.	3b	\$	0.			
С	Balance due, Subtract line 3b from line 3a, Include your payment with this form, if required,						

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045