# Form 990

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For th	ne 2022 ca	lendar year, or tax year beginning 7/1/2022 , and ending		0/2023
В		applicable:	C Name of organization OCEANSIDE IVEY RANCH PARK ASSOCIATION		identification number
	Address	change	Doing business as		
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	95-3775136	
$\overline{\Box}$	Initial re	h	110 RANCHO DEL ORO DRIVE	E Telephone	number
	miliarie	turn	City or town         State         ZIP code           OCEANSIDE         CA         92057	760-722-483	39
Ш	Final retur	n/terminated	OCEANSIDE CA 92057  Foreign country name Foreign province/state/county Foreign postal code	- 6	
	Amende	d return	r ordigit province/state/county Poleign postal code	G Gross race	1,380,694
$\overline{\Box}$	A == 1: = = 4:		F Name and address of principal officer:	100	
	Applicati	on pending	[T. ]	Is this a group it arn fo	
				Are all subordinates	
	Tax-exe	mpt status:	X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527	If "No, rettach a list	t. See instructions
J	Website	e: <u>V</u> VV	W.IVEYRANCH.COM	Group exemption no	umber
K	Form of	organization		1	
	Part I		mmary	mation: 1982	M State of legal domicile: CA
	1			ANIZATIONIC	DDIMADY EVELIDE BUILD
8	1	IS TO PI	ROVIDE RECREATIONAL AND CARE PROGRAMMING FOR SPECIAL TED	ANIZATION'S	PRIMARY EXEMPT PURPO
ᄪ		10	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	75 AND ABLE-1	BUDIED PERSONS.
Governance	2	Check th	nic how I if the experimentian discontinued its annual is		
6	3		of voting members of the governing body (Part VI, line 1a)	ore than 25% of	
	4	Number	of independent voting members of the governing body (Part VI, line 1b)		3 9
Activities &	5	Total nur	mber of individuals employed in calendar year 2022 (Part V, line 2a)	1000 9	4 9
ž	6	Total nur	mber of volunteers (estimate if necessary)	- 1/8	5 65
Aci	7a		related business revenue from Part VIII, column C), Ine 12		6 1,148
	b	Net unre	elated business taxable income from Form 990-T, Part I, line 11		<b>7a</b> (
	<del>  ~</del>	1101 01110	iated basiness taxable income from Form 990-1, Patri, life 11	Prior Year	7b
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)	354,	Current Year
	9	Program	service revenue (Part VIII, line 2g)	677,	
9,4	10	Investme	ent income (Part VIII, column (A), lines 3, and 7d)		
œ	11	Other rev	venue (Part VIII, column (A), lines 5, 34.8c, 3c, 10c, and 11e)		
	12	Total reve	enue—add lines 8 through 11 (must eq al Part VIII, column (A), line 12) .	1,054,	
	13	Grants a	nd similar amounts paid (Part IX column (A), lines 1–3)	1,004,	.932 1,380,694 0 0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0 0
တ္	15	Salaries,	other compensation, employed benefits (Part IX, column (A), lines 5–10) .	584,0	
Expenses	16a	Professio	onal fundraising fees (Part N. column (A), line 11e)	001,	0 703,672
9	b	Total fund	draising expenses (Park Column (D), line 25) 55,624		
ũ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	347,	535 451,373
	18	Total exp	enses. Add lines 13 17 (must equal Part IX, column (A), line 25)	931,6	
	19	Revenue	less expenses, Subtract line 18 from line 12	123,3	
Net Assets or Fund Balances			Regin	nning of Current Ye	
sset	20		ets (Part X, line 6)	1,126,7	706 1,387,161
nd E	21		ilities (Part X, line 26)	79,8	899 114,905
	10000		ts of fund balances. Subtract line 21 from line 20	1,046,8	807 1,272,256
	rt 🎚 📗	Sigr	nature Block		
Unde	er penaltie Selief it is	es of perjury,	I declare that have examined this return, including accompanying schedules and statements, and to t	the best of my know	wledge
and k	Jeller, It is		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ige.
Sig	n	Signature		3/12/2	2024
Hei	re		of officer	Date	
			Danielly Executive D	Director	
			Type or print name and title  Type preparer's name  Preparer's signature		
Pai	d		lype preparer's name Preparer's signature Dar	ate Che	eck   PTIN
	parer	Rolar	nd W Munger 2/1		F-employed P01871456
	Only			T	7-3342732
		- 1	address 2170 South El Camino Real, Suite 217, Oceanside, CA 92054		760-730 <b>-</b> 8020
May	the IR		this return with the preparer shown above? See instructions	_ rhone no. /	
			and retain with the preparer shown above? See Instructions		X Yes No

	services?
	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 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 \$ 585,761 including grants of \$ ) (Revenue \$ 0)
	EQUINE PROGRAM
	Strength, coordination, self-esteem, concentration,
	emotional states, posture, balance, a sense of well being, personal mobility, a feeling of
	Horses and humans walk using a
	similar motion and gait. Horse movements cause riders to respond using natural body movements.
	Exercise equipment works specific muscle groups, where horseback nding promotes integrated whole
	person flow of movements. Students with physical disabilities improve their muscle strength,
	Our horses are also friendly, nonjudgmental companions.
	Their gentle natures improve mental and emotional states. The bond that develops between a horse
	and rider inspires a sense of teamwork, responsibility, communication, caring, and joy.
41-	(Oada
4b	(Code: ) (Expenses \$ 106,500 including grants of \$ ) (Revenue \$ 426,507)
	IN-HOME RESPITE - We view respite as temporary relie for family caregivers. It is a service in
	which care is provided to individuals with disabilities or pecial needs. We see respite care as a
	vital part of the continuum of services for families Respite care reduces family stress, supports
	family stability, prevents abuse and neglect, and clinimizes the need for out-of-home placement. It provides caregivers an opportunity to take care a other kinds of business or the opportunity to
	relax and take a break from the high demands of fill-time care giving to special needs
	individuals. Ivey Ranch can provide in-home respite care to those who have contractual services
	through the San Diego Regional Control
	allough the dan blego regional certain.
4c	(Code: 372,752 including grants of \$ ) (Revenue \$ 518,533 )
	CHILD CARE -
	Offering after-school care, full-time summer, and school holiday
	The purpose of Ivey Panch Day Care is to provide daycare with supervision, guidance,
	love, and instruction for children of working and non-working parents alike. Our primary concern
	is to provide a program rich in experiences which will benefit the children, parents and the
	Ivey Ranch is open to all children and is specially designed to meet the needs of
	the disabled, regardless of race, nationality or creed. It is the desire of the center to offer a
	mainstreamed program to benefit the child with special needs. We accept children with special
	needs ages 5 through 21 years of age.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0)
4e	Total program service expenses 1,065,013
	Form <b>990</b> (2022)
	Form <b>330</b> (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C. Part III.	5		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? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Delant I	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		-
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Spedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Χ
u	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? If "Yes," complete Schedule 2, Fart IX.	44.4		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	$\neg$	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Χ
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	Х	
	and if the organization answered "No" to "ine r2a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F	13		X
14a	Did the organization maintain an office, amployees, or agents outside of the United States?	14a		X
b	bid the diganization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts Land IV	14b	1	Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization and "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	47		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	$\dashv$	<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
.vd .k	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Χ
. D 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Χ

Da	rt IV Checklist of Required Schedules (continued)	95-571	13130	)	Page
Га	rt IV Checklist of Required Schedules (continued)			T	Τ.,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		00		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		22	-	X
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		22		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 3	23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>				
	24b through 24d and complete Schedule K. If "No," go to line 25a		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	7/	24a	1	+^
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		240	$\vdash$	+
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d	<del>                                     </del>	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		244	-	+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Papt		25a		X
b			LUG		+^
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ? If "Yes," complete Schedule L, Part I		25b	ĺ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				<del>                                     </del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereoft or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	1161	27		X
28	Was the organization a party to a business transaction with one of the religioning parties (see the Schedule L,				
	Part IV, instructions for applicable filing thresholds, conditions and exceptions):				
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	2.4	28a		X
b	A family member of any individual described in line 28a? **Yes, ** complete Schedule L, Part IV	. 00	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV .  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	,	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	. 14	31		Х
32	Did the organization sell, exchange, dispose of transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	4 12	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	9	33		X
34	Was the organization related to any ax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,				
250	III, or IV, and Part V, line 1	6.3	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1 14	35a		Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				1
36	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
30	Section 501(c)(3) or inizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		36		Х
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
20		4. 6	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
Part	19? Note: All Form 990 filers are required to complete Schedule O		38	Χ	
rail				r	
	Check if Schedule O contains a response or note to any line in this Part V				
4.0	Enter the number remarked in her 0 of 5 and 200 5 and 20	-		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u> </u>	1c	X	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	56 14	to i	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	P) = 1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-/-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	-	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property of which it was	- 10		
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year		- 1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			la a
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	160		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII-line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		- 11	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do por net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	133		7-15
13	Section 501(c)(29) qualified no profit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions or additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is icensed to issue qualified health plans			
C	Enter the amount of receptes on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	1/10/ 111 1/51 1 = =========================	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	10		
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	VIII U		
•	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	47		
	h-	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . 9 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?......... Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ Х at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . 12a Х b Were officers, directors, or trustees, and key employees equired to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently moditor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was dode. 12c 13 Did the organization have a written description and destruction policy? Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. X 15a Χ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records Tonya Danielly

110 Rancho Del Oro Drive, Oceanside, CA 92057

Form	agn	(2022)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 was 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.

See the instructions for the order in which to list the persons above.

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

	,						13	Circuit Officer, an	color, or trustee	•
				(	C)					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box.	unie er an	heck ss pe d a c	erson	the other by the state of the compensated	an l	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	•	1		Ĺ		8				
(1) Tonya Daneilly	40.00	1								
Executive Director	0.00	_	W	Х				91,600		
(2) Traci Zell	1.00	•		ĺ						
Chair	0.00	X		X						
(3) Idal Beer	1.00									
Vice-Chair	0.00	X		Х						
(4) John Todd	1.00									
Treasurer	0.00	X		Х						
(5) Joel Celestin	1.00									
Director	0.00	X								
(6) Joseph Kerwin	1.00								_	
Director	0.00	Х								
(7) Laurie Schmelzer	1.00									
Secretary	0.00	Х		Χ						
(8) Irene Diggs	1.00									
Director	0.00	X								
(9) John Parker	1.00									
Director	0.00	Х								
(10) Ed Unikel	1.00						П			
Director	0.00	Х								
(11)										
(12)							+			
(13)				-	$\dashv$		$\dashv$			
(14)					-		+			

	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	ees,	and	d Hi	ighes	st C	ompensated En	nployees (contir	iued)	
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	Estir	(F) mated amount of other
		per week (list any hours for related organizations below dotted line)	or director		Officer	1	$\overline{}$		from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the from the anization and d organizations
(15)		-							4			
(16)												
(17)												
(18)												
(19)								Va.				
(20)												
(21)				4	4	4		40				
(22)			4	4								
(23)				F		-						
(24)				<b>*</b>								
(25)			*									
1b	Subtotal	. 10							91,600	0		C
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)								91,600	0		C
2	Total number of individuals (including but no lir reportable compensation from the organization	mited to those lis						ved				
	repertable compensation from the organization											Yes No
3	Did the organization list any former efficer dire employee on line 1a? If "Yes," con plete Sched	ector, trustee, key Jule J for such inc	emp dividu	oloye al .	e, c	or hi	ighes	t co	mpensated		3	X
4	For any individual listed on line 1a, is the sum of	of reportable com	pens	atio	n ar	nd c	ther	com	pensation from			
	the organization and related organizations greated individual		0? If 						hedule J for sucl	h	4	X
5	Did any person listed on line to receive or accr	ue compensation	n fron	n an	y ur	nrela	ated	orga	anization or indiv	ridual		
Sec	for services rendered to the organization? If "You tion B. Independent contractors	es, complete sc	neau	ie J	TOT S	SUCI	n per	son	<u> </u>		5	X
1	Complete this table for your five highest compe	ensated independ	lent c	ontr	acto	ors 1	that r	ece	ived more than \$	\$100,000 of		
	compensation from the organization. Report co (A)	mpensation for ti	ne ca	lenc	iar y	/eai	rend	ing '	with or within the (B)	e organization's t	ax ye: (c)	
	Name and business add	ress							Description of serv	rices C	ompen	sation 0
												0
												0
												0
2	Total number of independent contractors (include more than \$100,000 of compensation from the		ed to	thos	e lis	sted	l abo	ve)	who received			0
-	,, a. temporiodion nom tho	3001115011011										

Part VIII	Statement of Revenue			
	Check if Schedule O contains a response or note to any line in this Part VIII			

		·						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
\$ 4	1a		1a	0				
Grants	b		1b	0				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c	0				
SITE A	d	Related organizations	1d	0				
S, E	е	Government grants (contributions)	1e	0				
lon	f	All other contributions, gifts, grants, and					1	
but		similar amounts not included above	1f	403,345		0.40		
J. C.	9	Noncash contributions included in						
Co		lines 1a–1f.	1g	\$ 0			4 4	
	h	Total. Add lines 1a-1f		Business Code	403,345			
g)	2a	Program Povonuos			0.45.0.40	2015		
<u> </u>	l .	Program Revenues		713990	945,040	945,040		
gram Sen Revenue	C				U <sub>i</sub>			
E	d				0			
Re	۵ ۵				0			
Program Service Revenue	f	All other program service revenue						
<u>п</u>	a	Total. Add lines 2a–2f			945,040			
	3	Investment income (including dividends, into	oroel	and	3/5,040	<i>691</i>		
		other similar amounts)			11,079			44.070
	4	Income from investment of tax-exempt bond			0			11,079
	5	Royalties	и ріо	CCCCGS.	0			
		(i) Real		(ii) Personal		Martin V and V		
	6a	Gross rents 6a 21,	230	4/		5 - 6 9 1 5 1		
	b	Less: rental expenses . 6b		No.				
	С		230	0				
	d	Net rental income or (loss)	- 4		21,230	21,230		
	7a	Gross amount from (i) Securiti	es	(ii) Other				
		sales of assets					99.0	
		other than inventory 7a	0	0				
Other Revenue	b	Less: cost or other basis	A STATE OF THE PARTY OF THE PAR	6				
Ver		and sales expenses 7b	0.9	0		CE LET		
Re	С	Gain or (loss) 7c	0	0				
9	d	Net gain or (loss)			0			
동	8a	Gross income from fundraising					G-12 NO	
		events (not including \$					194 19	
		of contributions reported on line 1o. See Part IV, line 18.	0-					
	b		8a   8b	0				
	C	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities.	· .		0			
	Vu		9a	0				
	b		9b	0				
	C	Net income or (loss) from gaming activities .		- 0	0			
		Gross sales of inventory, less			U U			
		1	10a	0				
Į	b	<u> </u>	10b	0				
	С	Net income or (loss) from sales of inventory			0			
מו		The same of myoriory		Business Code	0			
<u>e</u> 0	11a				0			
ane ynu	b		·		0			
Revenue	С		·		0		<del></del>	
MISC	d	All other revenue			0			
Ξ	е	Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions.			1,380,694	966,270	0	11,079

	990 (2022) OCEANSIDE IVEY RANCH PARK ASSOC	IATION		95-377	75136 Page <b>10</b>
_	rt IX Statement of Functional Expenses				
Seci	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other o	rganizations must d	complete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		list in	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	91,600	72,700	14,175	4,725
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			
7	Other salaries and wages	528,146	528,146		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	27,841	26,992	637	212
10	Payroll taxes	56,285	54,568	1,288	429
11	Fees for services (nonemployees):	<b>*</b> *			
a	Management	48,451	1		48,451
b	Legal	( 0			
C	Accounting	9,550		9,550	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	"			
40	(A), amount, list line 11g expenses on Schedule O.)	102,315	102,315		
12 13	(A), amount, list line 11g expenses on Schedule O.)	4,536	4,536		
14		9,333	9,048	214	71
15	Information technology	3,564	3,456	82	26
16	Royalties	0 224	0.050	0.10	
17	Travel	9,334	9,050	213	71
18	Payments of travel or entertainment expenses	4,860	4,860		
10	for any federal, state, or local public originals.	0			
19	Conferences, conventions, and meetings	3,744	3,744		
20	Interest	5,596	5,426	128	40
21	Payments to affiliates	0,390	0,420	128	42
22	Payments to affiliates	54,183	52,531	1,239	440
23	Insurance	16,048	12,517	3,531	413
24	Insurance	10,010	12,017	0,001	
	above. (List miscellaneous expenses on line 24e. If			13-4-14	
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 249 expenses on Schedule ()	No. of the last			

96,215

55,085

3,512

19,655

5,392

1,155,245

93,281

53,405

19,655

5,378

1,065,013

3,405

2,201

1,260

80

10

34,608

Repairs and Maintenance

Total functional expenses. Add lines 1 through 24e

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 if following SOP 98-2 (ASC 958-720)

Payroll Processing Fees

d Progam Expenses

All other expenses

a

С

25

26

**b** Food

733

420

27

55,624

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X	

_		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	153,647	1	4,281
	2	Savings and temporary cash investments	282,011	_	593,091
	3	Pledges and grants receivable, net	0		090,091
	4	Accounts receivable, net	67,021		159,163
	5	Loans and other receivables from any current or former officer, director,	07,021	-	100,100
		trustee, key employee, creator or founder, substantial contributor, or 35%			L. E. L.
		controlled entity or family member of any of these persons	o <sup>t</sup>	5	
	6	Loans and other receivables from other disqualified persons (as defined	1 1	A CO	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
S	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	0	8	
4	9	Prepaid expenses and deferred charges	18,685	_	2,049
	10a	Land, buildings, and equipment: cost or	10,000	9	2,049
		other basis. Complete Part VI of Schedule D 10a 1,161,513			
	b	Less: accumulated depreciation 10b 532,936	605,342	10c	628,577
	11	Investments—publicly traded securities	000,342		020,577
	12	Investments—other securities. See Part IV, line 11	0		0
	13		0		0
	14	Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses			0
	15	Intangible assets Other assets. See Part IV, line 11.  Total assets. Add lines 1 through 15 (must equal line 33)  Accounts payable and accrued expenses.  Grants payable	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,126,706		
	17	Accounts payable and accrued expenses	72,527	17	1,387,161
	18		0	18	98,215
	19	Deferred revenue .	7,372	$\overline{}$	10.000
	20	Tax-exempt bond liabilities	0	20	16,690
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
(0)	22	Loans and other payables to any current or former officer, director,	0	- 21	
Llabilities	]	trustee, key employee, creator or founder, substantial contributor, or 35%			
ğ		controlled entity or family member of any of these persons	0	22	
=	23	Secured mortgages and notes payable to unrelated third parties .	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	0	24	0
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	79,899		114,905
cn			7 9,099	20	114,905
Ce		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
e u	27	Net assets without donor restrictions	4 0 40 000		
B	27 28		1,046,807	27	1,272,256
밀	20	Net assets with donor restrictions	0	28	
F		and complete lines 29 through 33.			
0	20	Capital stocker trust principal or current funda		0.5	
ats.	29	Capital stock or trust principal, or current funds	0	29	
986	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
A	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32 33	Total net assets or fund balances	1,046,807	32	1,272,256
	33	Total liabilities and net assets/fund balances	1,126,706	33	1,387,161

Form **990** (2022)

	990 (2022) OCEANSIDE IVEY RANCH PARK ASSOCIATION	95	-3775136	Pag	ge <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,380	0,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	_		5,245
3	Revenue less expenses. Subtract line 2 from line 1	3		225	5,449
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,046	5,807
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	·		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 324)				
	column (B))	10	,	1,272	2,256
Part	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII.			. [	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Oner				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				-
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?	J 02	2c	Х	
	If the organization changed either its oversight process of selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		-		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	7	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		90.	1	
	required audit or audits, explain why on School 2 and describe any steps taken to undergo such audits.		3b		

Form 990 (2022)

## Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

## (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

2022

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number OCEANSIDE IVEY RANCH PARK ASSOCIATIO 990 95-3775136 Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions). . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 0 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . 8 0 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . . . . . . 9 0 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . . 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A .17 MACRS deductions for assets placed in service in tax years beginning before 2022 . . . . . . . . 53.684 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (husiness/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) 19 a 3-year property 5-year property 56.459 SL 7-year property 3.495 FM SL 499 d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L MM Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year MM S/L Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 54,183 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

### SCHEDULE A (Form 990)

# **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. 990 or Form 990-EZ.

2022

pen to Public

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Haine	of the organization					Employer identificatio	n number
	ANSIDE IVEY RANCH PARK ASS					95-37	775136
Par		rity Status. (All o	organizations must o	omplete	this part.	) See instructions	
The o	organization is not a private founda						
_	A church, convention of church				170(b)(1)	(A)(i).	
2	A school described in <b>section</b>		,	, ,			
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	on operated in conju e:	unction with a hospital	described	in section	140(b)(1)(A)(iii). E	nter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a colleg nplete Part II.)	ge or university owned	or operat	ed by a go	vernmental unit des	cribed in
6	A federal, state, or local gover	nment or governme	ntal unit described in <b>s</b>	ection 17	0(b)(1)(A)	(1).	
7	An organization that normally described in section 170(b)(1)	eceives a substanti (A)(vi). (Complete	ial part of its support fro Part II.)	om a gove	ernmental	unit or from the gene	eral public
8	A community trust described in			: [].)			
9	An agricultural research organ or university or a non-land-gra university:	ization described in nt college of agricul	section 170(b)(1)(A)(integration to the section 170(b)(1)(A)(integration 170(b)(integration 170(b)(integra	x) operate Enter the	n me, city	y, and state of the co	ollege or
10	X An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrelated income and unrelated income 30, 1975.	ons, subject to certain ted business taxable i See <b>section 509(a)(2)</b>	exception come (les (Comple	s; and (2) i ss section : te Part III.)	no more than 33 1/3 511 tax) from busine ı	, and gross % of its esses
11 [	An organization organized and	operated exclusive	ly to test for public af	ety. See s	ection 509	9(a)(4).	
12 [	An organization organized and of one or more publicly suppor Check the box on lines 12a thr	operated exclusive	ely for the benefit of, to escribed in section 50	perform th	ne function	is of, or to carry out to 09(a)(2). See section	n 509(a)(3)
а	Type I. A supporting organization organization. You must cor	s) the power to real	ulari≰ appo∉nt or elect a	by its sup a majority	ported orga of the direa	anization(s), typically ctors or trustees of th	by giving ne supporting
b	Type II. A supporting organi control or management of the organization(s). You must o	zation supervised on an armonic supporting or an	convolled in connect ization vested in the sa	ion with its ame perso	s supported ons that co	d organization(s), by ntrol or manage the	having supported
С	Type III functionally integrits supported organization(s	ated. A supporting	rganization operated	in connect	tion with, a	nd functionally integ	rated with,
d	Type III non-functionally in that is not functionally integrated requirement (see instruction	itegrated. A suppor atou. The organizat	ting organization opera tion generally must sat	ated in cou	nnection w	ith its supported org	anization(s) entiveness
е	Check this box if the organia functionally integrated, or T	ation received a wr	itten determination from	m the IRS	that it is a		e III
f	Enter the number of supported		my integrated supporting	ng organiz	ation.		0
g	Provide the following information		ed organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						· I	,
(A)				Yes	No		
(B)							
(C)							
(D)							
(E)							
Total					202100	0	

Da	Will Commant Calcadula for One	and and an a Da		(T. AMO(1.)(4	1/41/2 1 4=	000,1010	T dgc =	
Pa	art II Support Schedule for Org	anizations Des	scribed in Sec	tions 170(b)(1	)(A)(iv) and 17	0(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.)							
-	Part III. If the organization fa	alls to quality ur	nder the tests li	sted below, ple	ase complete F	art III.)		
	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not					-		
	include any "unusual grants.")						0	
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf		_			<b>A</b>	0	
3	The value of services or facilities				A 450	1		
	furnished by a governmental unit to the							
	organization without charge						0	
4	Total. Add lines 1 through 3	0	0	0	. 0	0	0	
5	The portion of total contributions by			EM HILLEY PART				
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount		MITTER					
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4			The state of the s	No.		0	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(6) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	0	â	0		0	0	
8	Gross income from interest, dividends,		. 0.		Ü			
_	payments received on securities loans,							
	rents, royalties, and income from		41					
	similar sources						0	
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on	4					0	
10	Other income. Do not include gain or							
	loss from the sale of capital assets	100						
	(Explain in Part VI.)	424	-				0	
11	Total support. Add lines 7 through 10		6	Assistant and			0	
12	Gross receipts from related activities, etc. (se	ee instructions)				12		
	First 5 years. If the Form 990 is for the orgą		and third fourth o	r fifth tay year ac		124		
	organization, check this box and stop here							
Sec	ction C. Computation of Public S	44						
14	Public support percentage for 2022 (line & c			n)		14	0.00%	
	Public support percentage from 2021 Sched	ba A Part II line 1	A	1))	C. S. 9 D. C. S. D.	15	0.00%	
	33 1/3% support test—2022 of the organiz						0.0076	
Iva	and stop here. The organization qualities as							
h								
D	33 1/3% support test—2021. If the organization qualified box and stop here. The organization qualified	ation did not check	a box on line 13 of	r 16a, and line 15 l	is 33 1/3% or more.	check this		
4=	The state of the s							
17a	10%-facts-and-circumstants stest—2022	. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	}		
	10% or more, and if the organization meets to Part VI how the organization meets the facts							
	organization		s test. The organiza	ation qualifies as a	publicly supported			
h	10%-facts-and-circumstances test—2021		a did not obselve to	ov on line 42, 40-	16h or 47a 4 !!		1 ( ) ( ) ( ) ( )	
IJ	15 is 10% or more, and if the organization m							
	in Part VI how the organization meets the fac							
	organization		· · · · · · · · ·				. V2 - \$100 P. L.	
18	Private foundation. If the organization did r	not check a hav an	line 13 160 166	IZa or 17h ohook	this havendess			
	instructions			ira, or 170, CHECK	una bux and see			

## 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 qualify under the tests listed below, please complete Part II.)

_	the organization rand to qu	adility direct the	reara liated per	JW, please coll	piete Fait II.)		
	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	147,614	154,588	204,184	354,991	403,345	1,264,72
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	454,908	381,012	885,663	677,119	945,040	3,343,74
3	Gross receipts from activities that are not an					6	0,040,74
	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					2	
	furnished by a governmental unit to the	i					
	organization without charge	24,000	24,000	24,000	04.000	0,000	100.00
6	Total. Add lines 1 through 5			24,000	24,000	24,000	120,00
	Amounts included on lines 1, 2, and 3	626,522	559,600	1,113,847	1,056,110	1,372,385	4,728,46
r a	received from disqualified persons						
la.							
D	Amounts included on lines 2 and 3		J				
	received from other than disqualified						
	persons that exceed the greater of \$5,000				7 0		
	or 1% of the amount on line 13 for the year		4	CA .			
С	Add lines 7a and 7b	0		0	0	0	
8	Public support (Subtract line 7c from						
	line 6.)		R. D				4,728,464
	tion B. Total Support						.,,,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	626,522	559,600	1,113,847	1,056,110	1,372,385	4,728,464
10a	Gross income from interest, dividends,	4				.,,	1,120,10
	payments received on securities loans, rents,					-	
	royalties, and income from similar sources	10,049	9,604	13,657	22,822	32,309	88,44
b	Unrelated business taxable income (less	AL.		10,007	22,022	32,309	00,44
	section 511 taxes) from businesses						
	acquired after June 30, 1975		"				
C	Add lines 10a and 10b	10.049	9,604	12.057	22.020	20.000	(
11	Net income from unrelated business	1445-13	9,004	13,657	22,822	32,309	88,441
• •	activities not included on line 10b, whether						
		N S					
12	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
4.0	(Explain in Part VI.)						C
13	Total support. (Add lines 8, 10c, 14						
	and 12.)	636,571	569,204	1,127,504	1,078,932	1,404,694	4,816,905
14	First 5 years. If the Form 990 is for the orga	nization's first, seco	nd, third, fourth, or	fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here.		<u></u>				
Sec	tion C. Computation of Public Sup	port Percentag	ge				
15	Public support percentage for 2022 (line 8, co	olumn (f), divided by	line 13, column (f)	))		15	98.16%
16	Public support percentage from 2021 Schedu	le A, Part III, line 15	5		,	16	98.29%
Sec	tion D. Computation of Investmen	t Income Perce	entage			10	30.2370
	Investment income percentage for 2022 (line			lumn (ft)		17	1.84%
	Investment income percentage from 2021 Sc	hedule A Part III lii	ne 17	(i//)		18	
19a	33 1/3% support tests—2022. If the organiz	ration did not check	the how on line 14	and line 15 ic ma	re than 32 1/20/		1.71%
	not more than 33 1/3%, check this box and si	top here. The organ	nization qualifies a	, and into 10 18 1110 s a publicly cupper	ted organization	nu line 17 IS	V
b	33 1/3% support tests—2021. If the organiz	ation did not check	a box on line 14 or	r line 192 and line	16 is more than ?	3 1/3% and	<u>X</u>
	line 18 is not more than 33 1/3%, check this b	oox and stop here	The organization of	ualifies as a nublic	C liait store or or	o 17070, aliQ nization	
	Private foundation. If the organization did n					ineditori,	

#### Part IV

### **Supporting Organizations**

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

### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) 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 "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 was accomplished (such as by amendment to the organization document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the substitution an event beyond the organization's control?
- Did the organization provide support (whe her 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 Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make foan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 39(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a 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 line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Ye:	S	No
1			
2			
3a			
3b	-		
3c			
4a			
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4b			
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9a			
9b			
	12		
9c			
10a			
10b			
.00		_	_

I ai	Supporting Organizations (continued)			,
44	Healtha annainting accorded to 190 and		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			200
b	A family member of a person described on line 11a above?	11a		-
C		11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Seci	tion B. Type I Supporting Organizations	11c		
	Joseph Maria Company C		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	IVO
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		160	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	133		
	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 officers, directors, or trustees were allocated among the		14-3	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported		3-4	370
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		F. P	
	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			
0 1	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the exceptaction provide to seek of its several day.		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?	1000		
2	Were any of the organization's officers, directors, or trustices either (i) appointed or elected by the supported	1		-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			- 11
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
	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 lear? "Yes," describe in <b>Part VI</b> the role the organization's	4 78 9		
	supported organizations played in this repard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the ganization used to satisfy the Integral Part Test during the year (see insti	ructions	)	
а	The organization satisfied the Activities Test. Complete line 2 below.	dollong	/-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructic	ne)	
2	Activities Test. Answer lines 2a and 2b below.	_		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	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	= 1		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2.0		911
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			10
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	nizations	Tage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	a trus	t on Nov. 20. 1970 (explain	in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(1,000)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	0	0
e Discount claimed for blockage or other factors	199		
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		The second	Current Year
1 Adjusted net income for prior year (from Section A. Inc. 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally	y integ	grated Type III supporting or	rganization (see
instructions)			- '

Part	V Type III Non-Functionally Integrated 509(a)(3	<ol> <li>Supporting Organ</li> </ol>	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	The state of the s	2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz		
4			4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	(I) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	The state of the s		4.7	(
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.		3	
9	The state of the s		9)	
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022	ned les 190		
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017 0			
b	From 2018 0	243		
С	From 2019			
d_	From 2020 0			
е	From 2021	0 9		
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h_	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line \$6	0		
4	Distributions for 2022 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
C	Remainder. Subtract lines 4a and 4b from ine.	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from the 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For resulty reater than zero, explain			
	in Part VI. See instruction			0
7	Excess distributions carryover to 2023. Add lines 3j			
-	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2018 0			
b	Excess from 2019 0			
C	Excess from 2020 0			
d	Excess from 2021 0			
е	Excess from 2022			

	orm 990) 2022 OCEANSIDE IVEY RANCH PARK ASSOCIATION	95-3775136	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	_	
		~	
		4	
	······································		
~			
		**	
·			

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization		Em	nployer identification number				
OCEANSIDE IVEY RANCH PARK	ASSOCIATION		95-3775136				
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
Complete if the organ	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
		or advised funds	(b) Funds and other accounts				
1 Total number at end of year							
2 Aggregate value of contributions to	o (during year) .						
3 Aggregate value of grants from (di							
4 Aggregate value at end of year	ear						
5 Did the organization inform a	ill donors and donor advisors in writin	g that the assets held in dor	nor advised				
funds are the organization's	property, subject to the organization's	exclusive legal control?. ,	Yes No				
6 Did the organization inform a	ll grantees, donors, and donor adviso	ors in writing that grant funds	s can be used				
only for charitable purposes	and not for the benefit of the donor or	donor advisor, or for any of					
conferring impermissible priv	ate benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No				
Part II Conservation Easer		F					
Complete if the organ	nization answered "Yes" on Form	990, Part IV, line 7.					
1 Purpose(s) of conservation e	asements held by the organization (c						
	blic use (for example, recreation or educ	The state of the s	f a historically important land area				
Protection of natural hab	itat	Preservation of	a certified historic structure				
Preservation of open spa	ace						
2 Complete lines 2a through 2d	d if the organization held a qualified o	onservation contribution in the	the form of a conservation				
easement on the last day of t	he tax year.		Held at the End of the Tax Year				
a Total number of conservation			2a				
b Total acreage restricted by co	onservation easements 🦜 .		2b				
c Number of conservation ease	ements on a certified historic structure	included in (a)	2c				
a Number of conservation ease	ements included in (c) acquired after	Puly 25, 2006, and not					
Number of conservation ease	n the National Register	at a setting that the set of the set	2d				
the tax year	ements modified, transferred, release	d, extinguished, or terminate	∍d by the organization during				
	 erty subject to conservation easemer	ot is leasted					
5 Does the organization have a	written policy regarding the periodic	monitoring increasion have	dling of				
violations, and enforcement of	of the conservation earements it holds	monitoring, inspection, hand	aling of				
6 Staff and volunteer hours devote	ed to monitoring, inspecting, handling of v	violations, and enforcing conce	Yes No				
	to monitoring, inspecting, fighting of	notations, and emorcing conse	rvation easements during the year				
7 Amount of expenses incurred in	monitoring, aspecting, handling of violat	ions, and enforcing conservation	on essements during the year				
	and the state of t	ions, and omoroning conservation	on easements during the year				
8 Does each conservation ease	ement reported on line 2(d) above sat	isfy the requirements of sec	tion 170(h)(4)(B)(i)				
and section 170(h)(4)(B)(ii)?.			Yes No				
9 In Part XIII, describe how the	organization reports conservation ea	sements 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 Maint	ining Collections of Art, Histo	rical Treasures, or Oth	er Similar Assets.				
Complete the organ	zation answered "Yes" on Form	990, Part IV, line 8.					
1a If the organization elected as	permitted under FASB ASC 958, not	to report in its revenue state	ement and balance sheet				
works of art, historical measur	es, or other similar assets held for pu	blic exhibition, education, or	r research in furtherance of				
b If the organization alorted as	XIII the text of the footnote to its fina	ncial statements that describ	bes these items.				
works of art, historical transport	permitted under FASB ASC 958, to r	eport in its revenue stateme	ent and balance sheet				
nublic service provide the fall	es, or other similar assets held for pu	plic exhibition, education, or	research in furtherance of				
(i) Revenue included on Form	owing amounts relating to these item	S.					
(ii) Assets included in Form Of	90, Part X						
2 If the organization received or	held works of art, historical treasures	or other similar seeds for	financial pain assetts the				
following amounts required to	be reported under FASB ASC 958 re	lating to these items:	iniancial gain, provide the				
a Revenue included on Form 99	90, Part VIII, line 1	raung to these items.	\$				
<b>b</b> Assets included in Form 990.	Part X		\$				

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

0

Other

е

0

628,577

0

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation:
(1) Financia	I derivatives	0		
(2) Closely I	held equity interests	0		
(3) Other				
(A)				
(D)			4	
(E)				
(F)				
(G)				<u> </u>
(H)				<u> </u>
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
		0		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)		4. 4		
(5)		4 4		
(6)		4		
(7)			\$	
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.).	0		
Part IX	Other Assets.			
rareix	Complete if the organization answered "	Vanil on Form 000 J	Dort IV ( in a 11 d   Co. a Forms 00/	D D - 45
	(a) Description	165 OHFOHH 990, I	Part IV, line 11d. See Form 990	
(4)	(a) Descrip	101		(b) Book value
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	<u> </u>	0
	Other Liabilities.			
	Complete if the organization answered "	Yes" on Form 990, F	Part IV, line 11e or 11f. See For	rm 990. Part X.
	line 25.			,
1.	(a) Description	on of liability		(b) Book value
(1) Federal i	income taxes			0
(2)				
(3)				
(4)				
(5)				
(6)		·		
(7)				
(8)		<u> </u>		
(9)	(h) must	05.		
	nn (b) must equal Form 990, Part X, col. (B) lin		<u> </u>	0
Z. Liability for	uncertain tax positions. In Part XIII, provide the tex	t of the footnote to the or	ganization's financial statements that	reports the
organization's	liability for uncertain tax positions under FASB ASC	C 740. Check here if the t	text of the footnote has been provided	in Part XIII

Pal	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.				
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements .	1	1,380,694			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	0			
3	Subtract line 2e from line 1	3	1,380,694			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a					
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b	44c	0			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,380,694			
<u>P</u> arl	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, like 12a.					
1	Total expenses and losses per audited financial statements .	1	1,155,245			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		.,,			
a	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
ď	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	0			
3	Subtract line 2e from line 1	3	1,155,245			
4	the state of the s	1.11				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c	0			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,155,245			
Part	XIII Supplemental Information.					
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4;	Part X, line			
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ation.				
	·····					

### SCHEDULE O (Form 990)

## 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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

OCEANSIDE IVEY RANCH PARK ASSOCIATION 95-3775136 Form 990, Part VI, Section B, Line 11B: The Board of Directors reviews the tax returns before they are filed. Form 990, Part VI, Section B, Line 15B: The Board of Directors approves the salary of all staff with input from the Executive Director. Form 990, Part VI, Section C, Line 19: The Organization's documents are publicly available upon request and on the website. Form 990, Part VI, Section B, Line 12C: The conflict of interest policy form is signed by all staff, volunteers, and Board Members and it requires anyone to disclose any interes transaction or decision where they (including their business or nonprofit affiliation) family and/or significant other, employer, or close associate will receive a benefit or gain. After disclosure, that person understands that they will be asked to leave the room for the discussion and will not be permitted to vote on that item