

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

Form header section containing: B Check if applicable (Address change, Name change, etc.), C METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC., D Employer identification number 95-2457354, E Telephone number (619) 426-3595, F Name and address of principal officer: ARNULFO MANRIQUEZ, SAME AS C ABOVE, G Gross receipts \$ 85,429,734, H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, I Tax-exempt status: 501(c)(3), J Website: WWW.MAACPROJECT.ORG, K Form of organization: Corporation, L Year of formation: 1965, M State of legal domicile: CA

Part I Summary

Table with 22 rows and 3 columns. Rows include: 1 Briefly describe the organization's mission or most significant activities: WELFARE MAXIMIZING SELF-SUFFICIENCY WITH FAMILIES AND INDIVIDUALS THROUGH HIGH-QUALITY PROGRAMS AND ADVOCACY IN OUR COMMUNITIES. 2-7a Activities & Governance summary. 8-12 Revenue summary. 13-19 Expenses summary. 20-22 Net Assets or Fund Balances summary.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section containing: Sign Here (Austin Foye, CFO), Preparer's name (Cheri L. Boggeln), Firm's name (BOGGELN & COMPANY, INC.), Firm's address (215 1/2 MAIN STREET, HUNTINGTON BEACH, CA 92648), Firm's EIN (46-1594234), and Phone no. (714-374-7434).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 36,440,113. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 8,040,021. including grants of \$) (Revenue \$ 11,409,031.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,849,055. including grants of \$) (Revenue \$ 533,057.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 10,186,001. including grants of \$ 90,000.) (Revenue \$ 9,082,593.)

4e Total program service expenses 58,515,190.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		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 thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 14; 1b Enter the number of voting members included on line 1a, above, who are independent... 14; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X; 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 X; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X; 6 Did the organization have members or stockholders? 6 X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X; b Each committee with authority to act on behalf of the governing body? 8b X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10a X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O. 12c X; 13 Did the organization have a written whistleblower policy? 13 X; 14 Did the organization have a written document retention and destruction policy? 14 X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. 15a X; b Other officers or key employees of the organization. SEE SCHEDULE O. 15b X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (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 [X] 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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

AUSTIN FOYE 1355 THIRD AVENUE CHULA VISTA CA 91911 (619) 426-3595

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ARNULFO MANRIQUEZ CEO	40 0.5	X		X			376,900.	0.	22,982.
(2) AUSTIN J. FOYE CFO	40 0.5	X		X			213,188.	0.	19,913.
(3) ADOLFO VENTURA	40 0				X		218,113.	0.	0.
(4) CHRISTOPHER M. RAMIREZ	40 0				X		170,498.	0.	7,726.
(5) TAYLOR A. MAURIELLO	40 0				X		166,897.	0.	0.
(6) NIKKI R. ALCARAZ	40 0				X		153,805.	0.	7,693.
(7) ARIAS MARIE ARIAS	40 0					X	149,817.	0.	0.
(8) TRAVIS GREGORY	40 0					X	145,573.	0.	0.
(9) ALEXIS RENEE AVINA	40 0					X	129,438.	0.	15,685.
(10) SUSAN VILLAREAL	40 0					X	126,086.	0.	12,111.
(11) CHARLENE P. CORNELIA	40 0					X	119,594.	0.	17,509.
(12) SHREYA SASAKI SECRETARY	0.5 0.5	X		X			0.	0.	0.
(13) NOERENA LIMON TREASURER	0.5 0.5	X		X			0.	0.	0.
(14) GUSTAVO PEREZ CHAIRMAN	0.5 0.5	X		X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) PATRICIA PRADO-OLMOS VICE CHAIR	0.5 0.5	X		X			0.	0.	0.
(16) DARJENE GRAHAM-PEREZ DIRECTOR	0.5 0.5	X					0.	0.	0.
(17) VANESSA CADENA DIRECTOR	0.5 0.5	X					0.	0.	0.
(18) ALETHEA ARGUILEZ DIRECTOR	0.5 0.5	X					0.	0.	0.
(19) KIRBY BRADY DIRECTOR	0.5 0.5	X					0.	0.	0.
(20) NHU TRAN DIRECTOR	0.5 0.5	X					0.	0.	0.
(21) DAVID MIDDLETON DIRECTOR	0.5 0.5	X					0.	0.	0.
(22) PABLO AMAYA DIRECTOR	0.5 0.5	X					0.	0.	0.
(23) ENRIQUE MEZA DIRECTOR	0.5 0.5	X					0.	0.	0.
(24)									
(25)									

1b Subtotal	1,969,909.	0.	103,619.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	1,969,909.	0.	103,619.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TOP N CATERING LLC PO BOX 1383 NATIONAL CITY, CA 91951	FOOD EXPENSE	982,236.
BEAM GLOBAL 5660 EASTGATE DR. SAN DIEGO, CA 92121	FURNITURE & EQUIPMENT	427,625.
HOLHOUSE CARLIN & VAN TRIGT LLP 1404	AUDIT & TAX RETURN PREP	396,302.
TALENT CONNECT EXECUTIVE SEARCH & HR SOLUTION 3111 CAMINO DEL RIO N	ADVERTISING	377,944.
EAGLES POINT SECURITY 8057 RAYTHEON RD SUITE #1 SAN DIEGO, CA 92111	SECURITY	171,614.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **29**

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	445,978.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	44,970,157.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,962,999.			
	g Noncash contributions included in lines 1a-1f	1g	3,223,580.			
	h Total. Add lines 1a-1f		50,379,134.			
	Program Service Revenue	Business Code				
2a <u>CONTRACTUAL SERVICES</u>		624200	7,244,154.	7,244,154.		
b <u>DEVR FEES-CTRLED ENTITIES</u>		624200	5,699,253.	5,699,253.		
c <u>CHARTER SCHOOL APPS</u>		624200	3,776,510.	3,776,510.		
d <u>RENTS AND TENANT FEES</u>		624200	3,016,654.	3,016,654.		
e <u>PGRM SERVICE CLIENT FEES</u>		624200	1,288,110.	1,288,110.		
f All other program service revenue		SEE SCH O				
g Total. Add lines 2a-2f		21,024,681.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		185,670.		185,670.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses	6b			
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	7a	13454308.		
		b Less: cost or other basis and sales expenses	7b	3,063,823.		
	c Gain or (loss)	7c	10390485.			
	d Net gain or (loss)		10,390,485.			10,390,485.
	Other Revenue	8a Gross income from fundraising events (not including \$ 445,978. of contributions reported on line 1c). See Part IV, line 18	8a			
b Less: direct expenses		8b	166,183.			
c Net income or (loss) from fundraising events			-166,183.			
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
	11a <u>CANCELLATION OF DEBT</u>	624200	339,339.	339,339.		
	b <u>MISCELLANEOUS INCOME</u>	624200	46,602.	46,602.		
	c					
	d All other revenue					
e Total. Add lines 11a-11d		385,941.				
12 Total revenue. See instructions		82,199,728.	21,410,622.	0.	10,576,155.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	90,000.	90,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,357,714.	1,195,752.	149,407.	12,555.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	25,841,635.	22,758,982.	2,843,691.	238,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,154,215.	2,883,546.	254,163.	16,506.
10 Payroll taxes	2,437,854.	2,228,658.	196,439.	12,757.
11 Fees for services (nonemployees):				
a Management	170,097.	116,559.	50,741.	2,797.
b Legal	146,373.	50,416.	95,768.	189.
c Accounting	325,340.		325,340.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,553.			17,553.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	6,055,064.	4,161,277.	1,811,497.	82,290.
12 Advertising and promotion				
13 Office expenses	554,601.	422,878.	126,248.	5,475.
14 Information technology				
15 Royalties				
16 Occupancy	2,021,410.	2,010,659.	10,751.	
17 Travel	584,383.	454,439.	128,445.	1,499.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	569,272.	564,224.	4,355.	693.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,736,532.	1,664,652.	67,450.	4,430.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>CHILD DEVELOPMENT</u>	4,267,570.	4,267,570.		
b <u>SUPPLIES</u>	3,690,056.	3,621,121.	64,607.	4,328.
c <u>OTHER NONPERSONNEL IN-KIND</u>	3,206,600.	3,206,600.		
d <u>DEPRECIATION</u>	2,247,584.	2,165,042.	79,302.	3,240.
e All other expenses. <u>SEE SCH. O</u>	8,009,907.	6,652,815.	1,318,644.	38,448.
25 Total functional expenses. Add lines 1 through 24e	66,483,760.	58,515,190.	7,526,848.	441,722.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash – non-interest-bearing	6,201,935.	1	7,288,351.
	2	Savings and temporary cash investments	9,751.	2	5,981,029.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,271,187.	4	8,586,835.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	750,625.	9	902,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,297,690.		
	b	Less: accumulated depreciation	10b 13,452,100.	10c	15,845,590.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,512,064.	15	138,957,058.
16	Total assets. Add lines 1 through 15 (must equal line 33)	85,670,248.	16	177,560,863.	
Liabilities	17	Accounts payable and accrued expenses	9,180,837.	17	3,848,847.
	18	Grants payable		18	
	19	Deferred revenue	3,104,665.	19	3,580,844.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	24,791,911.	23	24,602,016.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,053,256.	25	100,480,912.
	26	Total liabilities. Add lines 17 through 25	43,130,669.	26	132,512,619.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions	41,545,473.	27	43,744,472.
	28	Net assets with donor restrictions	994,106.	28	1,303,772.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances.	42,539,579.	32	45,048,244.	
33	Total liabilities and net assets/fund balances.	85,670,248.	33	177,560,863.	

Part 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	82,199,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,483,760.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,715,968.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,539,579.
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) SEE SCHEDULE O	9	-13,207,303.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,048,244.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
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?		X
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.			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
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.			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or 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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.	Employer identification number 95-2457354
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39464590.	47664601.	42303051.	45260809.	50212951.	224906002.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	39464590.	47664601.	42303051.	45260809.	50212951.	224906002.
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)						0.
6 Public support. Subtract line 5 from line 4						224906002.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	39464590.	47664601.	42303051.	45260809.	50212951.	224906002.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	930,315.	1,009,021.	945,745.	1,090,998.	185,670.	4,161,749.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI			-142,245.	6,050,192.	219,758.	6,127,705.
11 Total support. Add lines 7 through 10						235195456.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	95.63 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	95.15 %

16a **33-1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV 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

	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.		
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.		
4a 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 organizing 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 result of an event beyond the organization's control?		
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 Part VI .		
7 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).		
8 Did the organization make a loan 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 509(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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 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? <i>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.</i>	2	

Section 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 or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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	
2 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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? <i>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 that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
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	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
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	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

BAA

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
FUNDRAISING EVENT EXPENSES					
	\$ -166,183.	\$ -202,391.	\$ -142,245.		
EMPLOYEE RETENTION CREDIT 2023		6,457,243.			
EQUITY IN JOINT VENTURES		-282,603.			
SAN DIEGO WORKFORCE ECE APPR PGRM 2023		77,943.			
CANCELLATION OF DEBT	339,339.				
MISCELLANEOUS INCOME	46,602.				
TOTAL	\$ 219,758.	\$6,050,192.	\$ -142,245.	\$ 0.	\$ 0.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.	Employer identification number 95-2457354
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CA-DEP OF COMM & SVCS DEV 2389 GATEWAY OAKS DR. STE 100 SACRAMENTO, CA 95833	\$ 3,113,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF CA-DEP OF EDUCATION 1430 N STREET SACRAMENTO, CA 95814	\$ 3,412,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HEALTH AND HUMAN 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 36,722,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF VISTA 200 CIVIC CENTER DR. VISTA, CA 92084	\$ 1,239,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE, SW WASHINGTON, DC 20250	\$ 773,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE, SW WASHINGTON, DC 20585	\$ 573,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SDG&E 8326 CENTURY PARK COURT SAN DIEGO, CA 92123	\$ 407,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BQUEST FOUNDATION 2405 BANCROFT STREET SAN DIEGO, CA 92104	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JP MORGAN CHASE BANK, N.A. 300 SOUTH GRAND AVENUE, 4TH FL LOS ANGELES, CA 90071	\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	UNIDOS - LATINOS IN FINANCE 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	\$ 88,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KAISER PERMANENTE 4511 ORCUTT AVENUE SAN DIEGO, CA 92120	\$ 69,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CENTER FOR SUSTAINABLE ENERGY 8690 BALBOA AVENUE SAN DIEGO, CA 92123	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COMMUNITY HEALTH GROUP 2420 FENTON ST CHULA VISTA, CA 91914	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PRICE PHILANTHROPIES 4305 UNIVERSITY AVE SUITE 600 SAN DIEGO, CA 92105	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	US BANK - SOIREE & STEP CENTERS 4747 EXECUTIVE DR 3RD FLOOR SAN DIEGO, CA 92121	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$ 30,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WELLS FARGO 4655 EXECUTIVE DR SAN DIEGO, CA 92121	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MISSION FEDERAL CREDIT UNION 10325 MEANLEY DRIVE SAN DIEGO, CA 92131	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	GRID ALTERNATIVES 930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	\$ 24,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CONSULATE GENERAL OF MEXICO IN SD 1549 INDIA STREET SAN DIEGO, CA 92101	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BANK OF AMERICA 701 B STREET, SUITE 1600 SAN DIEGO, CA 92101	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	PARKER FOUNDATION 2604-B EL CAMINO REAL STE 244 CARLSBAD, CA 92008	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	UNIDOS US 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SUN COUNTRY BUILDERS ----- 3156 LIONSHEAD AVE ----- CARLSBAD, CA 92010 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RANCHO MESA INSURANCE SERVICES, INC ----- 250 RIVERVIEW PARKWAY #401 ----- SANTEE, CA 92071 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ICON NATIONAL ----- 777 SIXTH AVE UNIT 127 ----- SAN DIEGO, CA 92101 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	INFOLINE OF SD, DBA 2-1-1 SAN DIEGO ----- 3860 CALLE FORTUNADA STE 101 ----- SAN DIEGO, CA 92123 -----	\$ 11,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	COUNTY OF SAN DIEGO ----- 1600 PACIFIC HIGHWAY ----- SAN DIEGO, CA 92101 -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MARSH & MCLENNAN INSURANCE AGENCY ----- 9171 TOWNE CENTER DRIVE SUITE ----- SAN DIEGO, CA 92122 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MEDIEXCEL HEALTH PLAN 750 MEDICAL CENTER CT. STE 2 CHULA VISTA, CA 91911	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	TALENT CONNECT 3111 CAMINO DEL RIO NORTH SUIT SAN DIEGO, CA 92108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR RD #200 SAN DIEGO, CA 92106	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MANPOWER 1855 FIRST AVENUE SAN DIEGO, CA 92101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SOUTHWEST AIRLINES 2702 LOVE FIELD DR DALLAS, TX 75235	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	COLLINS AEROSPACE 850 LAGOON DR CHULA VISTA, CA 91910	\$ 9,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	OTAY-TIJUANA VENTURE LLC ----- 2745 OTAY PACIFIC DRIVE ----- SAN DIEGO, CA 92154 -----	\$ 9,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	UNITED WAY OF GREATER ATLANTA ----- 40 COURTLAND ST NE #300 ----- ATLANTA, GA 30303 -----	\$ 8,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MARIA GARCIA ----- 3641 LOUISIANA ST ----- SAN DIEGO, CA 92104 -----	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CITY OF SAN DIEGO - CPPS ----- 5148 MARKET ST ----- SAN DIEGO, CA 92114 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	KRAKAUER CHARITABLE TRUST ----- PO BOX 505 ----- ST. LOUIS, MO 63166 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	LUIS MAIZEL ----- 5707 BAJA MAR ----- LA JOLLA, CA 92037 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	QUALCOMM ----- 5775 MOREHOUSE DRIVE ----- SAN DIEGO, CA 92121 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	SCHWAB CHARITABLE/RODRIGO GUEVARRA ----- 2411 MAIN STREET ----- SAN FRANCISCO, CA 94105 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	SAN YSIDRO HEALTH ----- 1601 PRECISION PARK LANE ----- SAN DIEGO, CA 92173 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SOUTH BAY COMMUNITY SERVICES ----- 430 F ST. ----- CHULA VISTA, CA 91910 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	LAKESHORE LEARNING MATERIALS ----- 2695 E DOMINGUEZ ST ----- CARSON, CA 90895 -----	\$ 46,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	EDUCATION SUPPLIES ----- ----- -----	\$ 46,635.	VARIOUS
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization **METROPOLITAN AREA ADVISORY COMMITTEE ON** Employer identification number **95-2457354**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.

95-2457354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1.
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		708,990.		708,990.
b Buildings		16,602,440.	4,371,120.	12,231,320.
c Leasehold improvements		3,790,590.	3,605,780.	184,810.
d Equipment		2,096,910.	1,403,860.	693,050.
e Other		6,098,760.	4,071,340.	2,027,420.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 15,845,590.

Part VII Investments – Other Securities **N/A**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related **N/A**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SEE PART XIII	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....	138,957,058.

Part X Other Liabilities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEVELOPER FEE PAYABLE	38,390.
(3) DUE TO RELATED PARTIES	10,974,430.
(4) NONRECOURSE DEBT FROM K-1	3,763,484.
(5) OPERATING LEASE	5,838,977.
(6) QNR DEBT FROM K-1	43,286.
(7) RECOURSE DEBT FROM K-1	79,699,543.
(8) TENANT SECURITY DEPOSITS	122,802.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....	100,480,912.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A
 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE D, PART IX
 OTHER ASSETS**

DESCRIPTION	BOOK VALUE
DEPOSIT RECEIVABLE	
DEPOSITS AND OTHER ASSETS	\$ 7,980.
DUE FROM RELATED PARTIES	29,638,251.
INVESTMENT IN JOINT VENTURES & OTHER ENT	105,344,107.
LONG TERM RECEIVABLE	62,770.
MATERIALS INVENTORY	
OPERATING LEASE-RIGHT OF USE ASSET	3,589,050.
OTHER	314,900.
REIMBURSEABLE POST CLOSING COSTS	
RESTRICTED CASH	
TOTAL	<u>\$138,957,058.</u>

Part XIII Supplemental Information *(continued)***PART X - FASB ASC 740 FOOTNOTE**

PT X, LINE 2: MAAC HAS ADOPTED THE ACCOUNTING TOPIC GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR INCOME TAXES, WHICH PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE CONSOLIDATED FINANCIAL STATEMENTS. MAAC IS REQUIRED TO EVALUATE THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER POSTIONS ARE "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT HAS DETERMINED THAT THE APPLICATION OF THE ACCOUNTING TOPIC FOR INCOME TAXES DOES NOT IMPACT ITS OPERATIONS. NO PROVISION FOR INCOME TAXES HAS BEEN MADE FOR THE CONSOLIDATED PARTNERSHIPS OR LIMITED LIABILITY COMPANIES (LLC) AS ANY INCOME OR LOSS IS INCLUDED IN THE TAX RETURNS OF THE PARTNERS OR MEMBERS. THE FEDERAL TAX STATUS AS A PASS-THROUGH ENTITY IS BASED ON ITS LEGAL STATUS AS A PARTNERSHIP OR LLC. THE PARTNERSHIPS AND LLC'S ARE REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE PARTNERSHIPS AND LLC'S HAVE NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. WITH FEW EXCEPTIONS, THE PARTNERSHIPS AND LLC'S ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2019. THE PARTNERSHIPS AND LLC'S ARE REQUIRED TO PAY AN \$800 FEE TO THE CALIFORNIA FRANCHISE TAX BOARD. NO EXAMINATIONS ARE CURRENTLY PENDING.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.** Employer identification number **95-2457354**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GOODROW CONSULTING LLC 2967 ELM STREET SAN DIEGO CA 92102	GRANT WRITING		X	332,500.	11,768.	320,732.
2 DONNA O'BRIEN 9851 SASKATCHEWAN AVE SAN DIEGO CA 92129	GRANT WRITING		X	3,096,448.	5,785.	3,090,663.
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,428,948.	17,553.	3,411,395.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SOIREE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	445,978.		445,978.	
	2	Less: Contributions	445,978.		445,978.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	17,630.		17,630.	
	7	Food and beverages	37,941.		37,941.	
	8	Entertainment				
	9	Other direct expenses	110,612.		110,612.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				166,183.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-166,183.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	(add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter the name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. . . \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.**

Employer identification number

95-2457354

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. **0**

3 Enter total number of other organizations listed in the line 1 table. **0**

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 11/13/24

Schedule I (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CASH SCHOLARSHIPS FOR COLLEGE	63	90,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PT I LINE 2: THE ORGANIZATION VERIFIES THAT THE ELIGIBLE STUDENT MEETS ALL OF THE REQUIRED CRITERIA BEFORE ISSUANCE OF PAYMENT, OTHERWISE THEY WILL BE DISQUALIFIED. PROOF OF ENROLLMENT/ACCEPTANCE IN A COLLEGE OR UNIVERSITY IS REQUIRED BEFORE THE CHECK IS ISSUED.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

**METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.**

Employer identification number

95-2457354

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **X**
- b** Any related organization? **6b** **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III. **8** **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation					(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation						
1	ARNULFO MANRIQUEZ CEO	376,900. 0.	0. 0.	0. 0.	0. 0.	0. 0.	22,982. 0.	399,882. 0.	0. 0.	
2	AUSTIN J. FOYE CFO	213,188. 0.	0. 0.	0. 0.	0. 0.	0. 0.	19,913. 0.	233,101. 0.	0. 0.	
3	ADOLFO VENTURA	218,113. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	218,113. 0.	0. 0.	
4	CHRISTOPHER M. RAMIREZ	170,498. 0.	0. 0.	0. 0.	0. 0.	0. 0.	7,726. 0.	178,224. 0.	0. 0.	
5	TAYLOR A. MAURIELLO	166,897. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	166,897. 0.	0. 0.	
6	NIKKI R. ALCARAZ	153,805. 0.	0. 0.	0. 0.	0. 0.	0. 0.	7,693. 0.	161,498. 0.	0. 0.	
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

**METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.**

Employer identification number

95-2457354

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE PART II)				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2024

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS**

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
EDUCATION SUPPLIES	X	1	\$ 46,635.	FMV
CONSULTANTS	X	26	2,989,263.	FMV
SPACE	X	1	124,922.	FMV
JANITORIAL	X	5	38,798.	FMV
OTHER	X	1	70,597.	

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WELFARE

**MAXIMIZING SELF-SUFFICIENCY WITH FAMILIES AND INDIVIDUALS THROUGH HIGH-QUALITY
PROGRAMS AND ADVOCACY IN OUR COMMUNITIES.**

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

**MAAC CHILD DEVELOPMENT PROGRAM (CDP) INCLUDES EARLY HEAD START (EHS), HEAD START (HS)
AND THE CALIFORNIA STATE PRESCHOOL PROGRAM (CSPP). THESE PROGRAMS ENGAGE FAMILIES,
STAFF AND THE COMMUNITY TO IMPROVE THE LIVES OF LOW-INCOME CHILDREN BY OFFERING
COMPREHENSIVE CHILD DEVELOPMENT SERVICES THAT ARE FAMILY-FOCUSED SUCH AS EARLY
CHILDHOOD EDUCATION, HEALTH AND WELL-BEING, NUTRITION AND SOCIAL SERVICES TO ELIGIBLE
CHILDREN (BIRTH TO FIVE YEARS OF AGE) AND THEIR FAMILIES THROUGHOUT NORTH SAN DIEGO
COUNTY. OFFERING FAR BEYOND A TRADITIONAL PRESCHOOL MODEL, MAAC CDP DELIVERS A
COMPREHENSIVE PROGRAM DESIGNED TO MEET THE NEEDS OF ELIGIBLE FAMILIES. OVER 1,160
ELIGIBLE CHILDREN AND THEIR FAMILIES IN SAN DIEGO'S NORTH COUNTY ARE SERVED BY THESE
PROGRAMS. CDP ENSURES CHILDREN AGES 0-3 (EHS), AND 3-5 (HS & CSPP) AND THEIR FAMILIES
ARE PROVIDED WITH SERVICES TO PROMOTE OPTIMUM PHYSICAL, COGNITIVE, SOCIAL, AND
EMOTIONAL GROWTH. MAAC CDP CONTINUES FOCUSING ON TARGETED SCHOOL READINESS GOALS FOR
ALL CHILDREN AND COLLABORATING WITH FAMILIES ON THEIR INDIVIDUAL GOALS AND SUPPORTING
THESE EFFORTS THROUGH THE PARENT, FAMILY, COMMUNITY ENGAGEMENT FRAMEWORK WHICH
INCLUDES WORKING IN COLLABORATION WITH OUR MANY COMMUNITY PARTNERS TO PROVIDE
ENHANCED SERVICES TO SUPPORT THE GROWING NEEDS OF OUR FAMILIES. IN ADDITION, MAAC CDP
GOALS ARE ACCOMPLISHED BY ENGAGING PARENTS IN PROGRAM GOVERNANCE, ADMINISTRATION, AND
SUPPORTING THE OVERALL GROWTH OF CHILDREN, FAMILIES AND STAFF THROUGH THE DEVELOPMENT
OF ADVOCACY AND LEADERSHIP SKILLS, SKILL BUILDING, AND CAREER PATHWAY OPPORTUNITIES.**

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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**METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.**

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

THE ULTIMATE GOAL IS TO DEVELOP A GREATER DEGREE OF SELF-SUFFICIENCY AMONG FAMILIES,
FOSTER A POSITIVE IMPACT IN THEIR LIVES, AND PROMOTE SCHOOL READINESS FOR ALL
CHILDREN.

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

GENERAL: HOUSING & REAL ESTATE DEVELOPMENT (RED) - MAAC MANAGES 876 UNITS ACROSS OUR
SIX PROPERTIES AND 1 PARTNER PROPERTY (VALENCIA POINTE IN SOUTHEAST SAN DIEGO). OUR
CURRENT PORTFOLIO INCLUDES THE FOLLOWING LOCATIONS HILLSIDE VIEWS - OAK PARK, MERCADO
- BARRIO LOGAN, SAN MARTIN DE PORRES - SPRING VALLEY, LAUREL TREE - CARLSBAD, SENIORS
ON BROADWAY - CHULA VISTA, AND VILLA LAKESHORE -- LAKESIDE. OUR 2024 PRIORITIES
INCLUDED CLOSING AND BREAKING GROUND AT OUR LAUREL TREE APARTMENTS IN CARLSBAD AND
SECURING FUNDING TO REHABILITATE EXISTING ELIGIBLE ASSETS IN OUR PORTFOLIO (SENIORS
ON BROADWAY IN CHULA VISTA) AND SECURING FUNDING FOR (AND CONTROL OF) SITES TO
CONSTRUCT NEW MULTI-FAMILY AFFORDABLE HOUSING COMMUNITIES WITHIN SAN DIEGO COUNTY.
CLOSINGS: IN 2024, WE SECURED FUNDING FOR THE REHABILITATION OF LAUREL TREE
APARTMENTS AND SENIORS ON BROADWAY. MAAC WAS AWARDED AN ALLOCATION OF LOW-INCOME
HOUSING TAX CREDITS AND TAX-EXEMPT BONDS FOR EACH OF THOSE PROPERTIES. LAUREL TREE
CLOSED IN JUNE AND BEGAN CONSTRUCTION IN JULY 2024 WITH ESTIMATED COMPLETION IN
OCTOBER 2025. SENIORS ON BROADWAY IN CHULA VISTA CLOSED FINANCING IN SEPTEMBER 2025
AND IS NOW UNDER WAY FOR A MAJOR REHAB. CONVERSION OF UNITS TO COMPLY WITH FAIR
HOUSING AND ADA IS THE PRIMARY SCOPE OF WORK ALONG WITH VARIOUS ENERGY SAVINGS
UPGRADES AND SOLAR PV. SAN MARIN DE PORES CONVERTED ITS CONSTRUCTION FINANCING TO
ITS PERMANENT LOAN IN OCTOBER 2025 WHICH INCLUDED THE FINAL PAYOUT OF DEVELOPER FEE
AS WELL AS INCREASING ITS PERMANENT LOAN TO PAY OFF SOME DEFERRED FEE. CIP: IN
OCTOBER, CONSTRUCTION REHAB COMMENCED SENIORS ON BROADWAY WHILE THE CONSTRUCTION

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Department of the Treasury
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FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

REHAB ON LAUREL TREE WAS ONGOING. FUNDING: MAAC SUBMITTED AN APPLICATION FOR CDBG FOR MERCADO IN 2025 WITH AN AWARD OF \$15,275,000 IN MARCH. RED APPLIED FOR TAX CREDITS AND TAX-EXEMPT BONDS IN SEPTEMBER FOR MERCADO AS WELL. AWARD ANNOUNCEMENTS ARE SCHEDULED FOR NOVEMBER. MAAC ALSO SUBMITTED AN APPLICATION TO CALIFORNIA HCD FOR AHSC FUNDS FOR ASCENCIA IN APRIL 2025. AWARD ANNOUNCEMENTS ARE SCHEDULED FOR END OF OCTOBER. PIPELINE: AS OF DECEMBER 31, 2023, MAAC HAS 916 UNITS OF AFFORDABLE HOUSING IN PRE-DEVELOPMENT: ASCENCIA (ESCONDIDO), AZURIK (NATIONAL CITY), THE IVY (ESCONDIDO), AND SENDERO (SAN DIEGO). MAAC IS ALSO DEVELOPING REHAB PROJECTS FOR SENIORS ON BROADWAY AND MERCADO APARTMENTS. MAAC IS CONTINUING TO LOOK TO ACQUIRE NEW PARCELS TO CONSTRUCT NEW MULTI-FAMILY AFFORDABLE HOUSING COMMUNITIES.

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

THE HEALTHY HOMES DIVISION PROVIDES WEATHERIZATION SERVICES TO LOW-INCOME FAMILIES IN SAN DIEGO COUNTY SINCE 1978. IN 2024, MAAC WEATHERIZED A TOTAL OF 941 HOUSEHOLDS, HELPING HOMES SAVE ABOUT 18% ON HEAT AND 7% ON ELECTRICITY ANNUALLY. HEALTH & SAFETY MEASURES INSTALLED WERE AS FOLLOWS: CARBON MONOXIDE ALARMS, HEATING SOURCE REPAIRS/REPLACEMENTS, WATER HEATER REPAIRS/REPLACEMENTS, COOKING APPLIANCE REPAIR/REPLACEMENT, CAULKING, WEATHER-STRIPPING, DOOR REPLACEMENTS, ATTIC INSULATION AND LOW FLOW SHOWER HEADS. THE ENERGY DEPARTMENT ASSISTED 2,133 HOUSEHOLDS WITH THEIR HOME ENERGY ASSISTANCE COSTS AND THEIR SDG&E SHUT-OFF NOTICES. THE GOAL OF THIS PROGRAM IS TO ASSIST HOUSEHOLDS INCREASE THE ENERGY EFFICIENCY IN THEIR HOMES THEREBY REDUCING THEIR ENERGY COST WHILE SAFEGUARDING THEIR HEALTH AND SAFETY BY PROVIDING ASSISTANCE TO STRUGGLING HOMEOWNERS AND RENTERS TO CATCH UP WITH THEIR INCREASINGLY MOUNTING UTILITY COSTS.

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

<u>EXPENSES</u>	<u>INCLUDING GRANTS</u>	<u>REVENUE</u>
3,842,441.		4,607,713.

THE HEALTH SERVICES DIVISION OPERATES CASA DE MILAGROS A FEMALE DRUG AND ALCOHOL RECOVERY HOME. THIS PAST YEAR 80 WOMEN WERE ADMITTED INTO THE PROGRAM. OUR MEN'S RECOVERY HOME IS NOSOTROS. NOSOTROS HAD 79 MEN ADMITTED INTO THE PROGRAM. ONE HUNDRED PERCENT OF THE RESIDENTS ARE HOUSED UPON THEIR DISCHARGE. FAMILIES ARE BEING REUNITED AND LIVES ARE BEING CHANGED THROUGH THESE TWO RECOVERY HOMES. MAAC PROJECT'S DRIVING UNDER THE INFLUENCE PROGRAM (DUIP) HAD 1,034 PARTICIPANTS IN THE YEAR 2024. MAAC SUCCESSFULLY ASSISTED 1,118 PARTICIPANTS REGAIN THEIR DRIVING PRIVILEGES. OUR GOAL IS TO HELP MAKE OUR ROADWAYS SAFE FOR ALL.

<u>EXPENSES</u>	<u>INCLUDING GRANTS</u>	<u>REVENUE</u>
3,613,704.	90,000.	3,776,510.

THE MAAC COMMUNITY CHARTER SCHOOL IS A HIGH SCHOOL OF CHOICE AUTHORIZED BY THE SWEETWATER UNION HIGH SCHOOL DISTRICT. MCCS IS LOCATED IN CHULA VISTA, CA AND IS ONE OF ONLY TWO CHARTER HIGH SCHOOLS IN THE AREA THAT TARGET AT-RISK STUDENTS BETWEEN THE AGES OF 14-24, WHO HAVE STRUGGLED TO SUCCEED IN LARGE, TRADITIONAL PUBLIC SCHOOLS. AT MCCS, STUDENTS HAVE AN EXTENDED OPPORTUNITY TO EARN THEIR HIGH SCHOOL DIPLOMA IN A SMALL LEARNING COMMUNITY AND SUPPORTIVE ENVIRONMENT. MCCS IS AN ALTERNATIVE SCHOOL UNDER THE DASHBOARD ALTERNATIVE SCHOOL STATUS (DASS) PROGRAM (PREVIOUSLY ASAM), AND SERVES APROXIMATELY 354 STUDENTS WITH 195 AVERAGED ENROLLMENT IN GRADES 9-13. MULTIPLE "CAREER PATHWAY" TRACKS PROVIDE STUDENTS WITH CORE EDUCATION AND SKILL SETS FOR CAREER READINESS. MCCS OFFERS AN ACADEMIC CURRICULUM THAT QUALIFIES STUDENTS FOR ENROLLMENT IN COLLEGE, UNIVERSITY, AND ENTRANCE INTO THE MILITARY. A VARIETY OF LEARNING STYLES ARE SUPPORTED THROUGH A CHOICE OF PROGRAMS

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

INCLUDING A CLASSROOM (SEAT-BASED) PROGRAM, INDEPENDENT STUDIES PROGRAM, AND YOUTHBUILD PROGRAM (HYBRID). THE SCHOOL CULTURE AT MCCS PROMOTES INDIVIDUAL LEADERSHIP, COMMUNITY RESPONSIBILITY, AND SELF-SUFFICIENCY. DEMOGRAPHICS AT MCCS INCLUDE APPROXIMATELY 66% ENGLISH LANGUAGE LEARNERS, AND 58% OF STUDENTS QUALIFY FOR FREE OR REDUCED PRICE LUNCH, 3% STUDENTS WITH SPECIAL NEEDS, 8% HOMELESS YOUTH, AND 0% FOSTER YOUTH. MCCS IS ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES AND GRADUATED A TOTAL OF 82 STUDENTS IN THE 2024-25 SCHOOL YEAR. TOTAL REVENUE FROM ALL PROGRAMS IN JANUARY - DECEMBER 2024 WAS \$4,250,130M AND EXPENSES \$4,103,915M.

<u>EXPENSES</u>	<u>INCLUDING GRANTS</u>	<u>REVENUE</u>
2,729,856.		698,370.

THE ECONOMIC DEVELOPMENT DIVISION CONTINUED TO PROMOTE ECONOMIC MOBILITY AND SELF-SUFFICIENCY THROUGH ITS CORE PROGRAM AREAS: WORKFORCE DEVELOPMENT, FAMILY ASSET BUILDING, INCOME SUPPORTS, AND ADVOCACY. IN 2024, MAAC'S WORKFORCE PROGRAMS-UNIDOS IN FINANCE AND NEXT LEVEL YOUTH AND PARENT-PROVIDED TUITION AND PROGRAM SUPPORT TOTALING \$520,000 TO 248 INDIVIDUALS, HELPING LOW-INCOME ADULTS PREPARE FOR HIGH-GROWTH, HIGH-WAGE CAREERS. THROUGH THE VITA PROGRAM, OVER \$2.1 MILLION IN TAX REFUNDS WERE RETURNED TO 2,282 HOUSEHOLDS, STRENGTHENING FINANCIAL STABILITY FOR WORKING FAMILIES. ADDITIONALLY, 256 INDIVIDUALS PARTICIPATED IN FINANCIAL EMPOWERMENT WORKSHOPS AND COACHING THROUGH MAAC'S FINANCIAL EMPOWERMENT NETWORK. THE STRIVING TOWARDS ECONOMIC PROSPERITY (STEP) PROGRAM PROVIDED EMPLOYMENT PLACEMENT ASSISTANCE, ACCESS TO PUBLIC BENEFITS, INCOME TAX ASSISTANCE, AND FINANCIAL EDUCATION TO OVER 3,225 AFFORDABLE HOUSING TENANTS AND COMMUNITY MEMBERS. TO SUPPORT BASIC NEEDS, MAAC PROVIDED \$1.2 MILLION IN EMERGENCY ASSISTANCE TO 132 HOUSEHOLDS IN VISTA AND \$1.7 MILLION IN UTILITY BILL PAYMENT ASSISTANCE TO 2,133 HOUSEHOLDS, HELPING FAMILIES

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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

REMAIN HOUSED AND MAINTAIN ESSENTIAL SERVICES. FOOD SECURITY EFFORTS REACHED 17,802 FAMILIES, WITH \$1.1 MILLION WORTH OF FOOD DISTRIBUTED THROUGH COMMUNITY FOOD BANK EVENTS. AS PART OF ITS SUSTAINABILITY AND ADVOCACY WORK, THE ELECTRIC VEHICLE ACCESS PROGRAM SECURED \$552,000 IN INCENTIVES AND REBATES, ENABLING LOW-INCOME CONSUMERS TO PURCHASE BATTERY ELECTRIC AND PLUG-IN HYBRID VEHICLES.

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

THE ORGANIZATION'S FORM 990 IS FIRST REVIEWED BY THE CFO FOLLOWED BY THE APPROVAL OF THE PRESIDENT/CEO. THE RETURN IS ALSO APPROVED BY THE MAAC BOD BEFORE SUBMITTAL TO THE TAXING AUTHORITIES.

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

BOARD MEMBERS, SENIOR MANAGEMENT AND MANAGERS INVOLVED IN ANY ASPECT OF PROCUREMENT OF SERVICES AND OR MATERIALS, AND FISCAL STAFF SHALL ANNUALLY SIGN A STATEMENT, WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY AND UNDERSTANDS THAT THE MAAC PROJECT IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES, AND HAS AGREED TO COMPLY WITH THE POLICY. EACH MEMBER OF THE BOARD OF DIRECTORS SHALL REVIEW THIS POLICY ANNUALLY. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS. MONITORING WILL BE CONDUCTED ANNUALLY BY THE AUDIT COMMITTEE AND COMPLIANCE RECORD WILL BE MAINTAINED BY THE DIRECTORS OF COMPLIANCE.

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FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

HEAD START REQUIRES PERIODIC WAGE AND FRINGE BENEFITS COMPARABILITY SURVEYS. THIS ENABLES AN ANALYSIS OF AN EMPLOYEE COMPENSATION SYSTEM IN COMPARISON TO SIMILAR ORGANIZATIONS THAT OFFER SIMILAR SERVICES AND DEMOGRAPHICS. IN ORDER TO ESTABLISH AND MAINTAIN HIGH QUALITY PROGRAM OPERATIONS AND SERVICES, HEAD START AND EARLY HEAD START PROGRAMS MUST ATTRACT AND RETAIN QUALIFIED PERSONNEL. AN IMPORTANT COMPONENT OF ANY PROGRAM'S ABILITY TO MAINTAIN A SKILLED AND MOTIVATED WORK FORCE IS EMPLOYEE COMPENSATION. AS SUCH, THE CEO AND OTHER KEY POSITIONS IN THE ORGANIZATION, ARE CONTAINED IN THE PERIODIC SURVEY REQUESTS FOR SALARY/BENEFIT INFORMATION AS REQUIRED BY HEAD START AND SALARIES ARE REVIEWED AS THE SURVEY RESPONSES ARE COMPILED.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

SEE EXPLANATION FOR PT VI, LINE 15A, ABOVE.

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

THE PUBLIC INSPECTION COPY OF THE ORGANIZATION'S FORM 990 FROM THE PREVIOUS THREE YEARS WILL BE AVAILABLE (FOR INSPECTION OR COPYING) AT THE ORGANIZATION'S MAIN OFFICE DURING NORMAL BUSINESS HOURS. COPIES OF THE FILED RETURNS ARE ALSO AVAILABLE FOR REVIEW AT GUIDESTAR.COM. WHEN RESPONDING TO A PUBLIC INSPECTION REQUEST FOR ANY ORGANIZATIONAL DOCUMENT OR FORM 990 BY ANYONE, THE ORGANIZATION SHALL FULFILL SUCH REQUEST IN A TIMELY FASHION WITHOUT INQUIRING AS TO THE REASON FOR THE REQUEST.

**FORM 990, PART VIII, LINE 2F
OTHER PROGRAM SERVICE REVENUE**

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNCTION REVENUE	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
TOTALS		\$ 0.	\$ 0.	\$ 0.	\$ 0.

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**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AMORTIZATION	149,852.	144,349.	5,287.	216.
AUTO EXPENSE	38,409.	29,287.	8,743.	379.
BANK CHARGES	85,921.	65,514.	19,559.	848.
COMPUTER SOFTWARE	568,059.	433,140.	129,310.	5,609.
CREDIT CARD FEES	21,455.	16,359.	4,884.	212.
DUES & SUBSCRIPTIONS	90,120.	68,716.	20,514.	890.
EDUCATION/SEMINARS	653,271.	498,113.	148,707.	6,451.
EQUIPMENT	137,220.	104,629.	31,236.	1,355.
EQUIPMENT RENTAL	105,260.	80,260.	23,961.	1,039.
FUNDRAISING	32,610.	24,865.	7,423.	322.
K-1 RENTAL EXPENSES	824,122.	824,122.		
MARKETING/ADVERTISING	518,479.	395,335.	118,024.	5,120.
MEDICAL EXAMS - STAFF	50,010.	38,132.	11,384.	494.
MISCELLANEOUS	622,247.	474,458.	141,645.	6,144.
MONITORING FEES	83,604.	63,747.	19,031.	826.
PAYROLL PROCESSING FEE	94,540.	86,427.	7,618.	495.
PROPERTY TAXES	80,646.	77,308.	3,132.	206.
PROVISION FOR CREDIT LOSS	470,969.		470,969.	
REPAIR & MAINT	1,793,836.	1,742,632.	48,250.	2,954.
TAXES & FILING FEES	82,075.	62,582.	18,683.	810.
TELEPHONE	628,944.	562,398.	64,669.	1,877.
UTILITIES	878,258.	860,442.	15,615.	2,201.
TOTAL	\$ 8,009,907.	\$ 6,652,815.	\$ 1,318,644.	\$ 38,448.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADD: INVESTMENT IN LPS ON A TAX BASIS	\$ 4,365,299.
LESS: REMOVAL OF INVESTMENT IN LPS ON A GAAP BASIS	-17,572,602.
TOTAL	\$ -13,207,303.

FORM 990, PAGE 2, PART III, LINE 4A (CONTINUED)

TO PROMOTE OPTIMUM PHYSICAL, COGNITIVE, SOCIAL, AND EMOTIONAL GROWTH. MAAC CDP CONTINUES FOCUSING ON TARGETED SCHOOL READINESS GOALS FOR ALL CHILDREN AND COLLABORATING WITH FAMILIES ON THEIR INDIVIDUAL GOALS AND SUPPORTING THESE EFFORTS THROUGH THE PARENT, FAMILY, COMMUNITY ENGAGEMENT FRAMEWORK WHICH INCLUDES WORKING IN COLLABORATION WITH OUR MANY COMMUNITY PARTNERS TO PROVIDE ENHANCED SERVICES TO SUPPORT THE GROWING NEEDS OF OUR FAMILIES. IN ADDITION, MAAC CDP GOALS ARE ACCOMPLISHED BY ENGAGING PARENTS IN PROGRAM GOVERNANCE, ADMINISTRATION, AND SUPPORTING THE OVERALL GROWTH OF CHILDREN, FAMILIES AND STAFF THROUGH THE

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

**Open to Public
Inspection**

**METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.**

Employer identification number

95-2457354

DEVELOPMENT OF ADVOCACY AND LEADERSHIP SKILLS, SKILL BUILDING, AND CAREER PATHWAY OPPORTUNITIES. THE ULTIMATE GOAL IS TO DEVELOP A GREATER DEGREE OF SELF-SUFFICIENCY AMONG FAMILIES, FOSTER A POSITIVE IMPACT IN THEIR LIVES, AND PROMOTE SCHOOL READINESS FOR ALL CHILDREN.

FORM 990, PAGE 2, PART III, LINE 4B (CONTINUED)

CLOSINGS: IN 2023, WE SECURED FUNDING FOR THE NEW CONSTRUCTION OF 100 LARGE FAMILY APARTMENTS AT CREST ON IMPERIAL IN SAN DIEGO, AND TO REHABILITATE SAN MARTIN DE PORRES AND LAUREL TREE APARTMENTS; MAAC WAS AWARDED AN ALLOCATION OF LOW-INCOME HOUSING TAX CREDITS AND TAX-EXEMPT BONDS FOR EACH OF THOSE PROPERTIES. CREST ON IMPERIAL DID NOT CLOSE DUE TO RISING INTEREST RATES, COSTS (CONSTRUCTION, INSURANCE AND FINANCING), AND AN UNFORSEEN AND INSURMOUNTABLE FUNDING GAP THAT OCCURRED IN THE DAYS PRECEEDING CLOSING. SAN MARTIN DE PORRES CLOSED IN NOVEMBER AND EXPECTS TO BEGIN CONSTRUCTION IN JANUARY 2024 AND COMPLETE IN NOVEMBER 2024. LAUREL TREE APARTMENTS IS EXPECTED TO CLOSE BY MID JUNE, 2024 AND BEGIN CONSTRUCTION IN JULY 2024 AND COMPLETE IN OCTOBER 2024. CIP: IN Q4 2022 CONSTRUCTION COMMENCED ON VENTANA AL SUR (101 UNITS, SENIOR HOUSING INCLUDING 25 PERMANENT SUPPORTIVE HOUSING FOR FORMERLY HOMELESS) AND WAS 57% COMPLETE AS OF 12/31/23 WITH COMPLETION PROJECTED IN SEPTEMBER 2024. FUNDING: MAAC SUBMITTED AN APPLICATION FOR BRIDGE TO HOME FUNDS FOR CREST ON IMPERIAL IN DECEMBER 2023 WITH NOTICE OF AWARD ANTICIPATED IN Q1 2024. WE PLAN TO SUBMIT AN APPLICATION FOR TAX CREDITS AND TAX-EXEMPT BONDS IN Q1 2023 FOR SENIORS ON BROADWAY. PIPELINE: AS OF DECEMBER 31, 2023 MAAC HAS 916 UNITS OF AFFORDABLE HOUSING IN PREDEVELOPMENT: ASCENSIA (ESCONDIDO), AZURIIK (NATIONAL CITY), THE IVY (ESCONDIDO) AND SENDERO (SAN DIEGO). MAAC IS ALSO DEVELOPING REHAB PROJECTS FOR SENIORS ON BROADWAY AND MERCADO APARTMENTS. MAAC IS ALSO LOOKING TO ACQUIRE NEW PARCELS TO CONSTRUCT NEW MULTI-FAMILY AFFORDABLE HOUSING COMMUNITIES.

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.

Employer identification number

95-2457354

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) <u>MERCADO MGP 2019 LLC</u> <u>1355 THIRD AVE</u> <u>CHULA VISTA, CA 91911</u> <u>84-4136047</u>	LOW INCOME HOUSING	CA	0.	6,975.	MAAC
(2) <u>MAAC IVY, LLC</u> <u>1355 THIRD AVE</u> <u>CHULA VISTA, CA 91911</u> <u>84-4878705</u>	LOW INCOME HOUSING	CA	0.	2,680,996.	MAAC
(3) <u>MAAC NATIONAL CITY LLC</u> <u>1355 THIRD AVE</u> <u>CHULA VISTA, CA 91911</u> <u>27-1415417</u>	LOW INCOME HOUSING	CA	0.	5,448,037.	MAAC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) <u>MAAC HOUSING CORPORATION</u> <u>1355 3RD AVE</u> <u>CHULA VISTA, CA 91911</u> <u>33-0913559</u>	LOW INCOME HOUSING	CA	501(C)3	12A	N/A		X
(2) <u>MAAC COMMUNITY CHARTER SCHOOL</u> <u>1355 3RD AVE</u> <u>CHULA VISTA, CA 91911</u> <u>85-1715340</u>	CHARTER HIGH SCHOOL	CA	501(C)3	2	N/A		X
(3) _____							
(4) _____							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) <u>MERCADO 2019 LP</u> <u>1355 3RD AVE</u> <u>CHULA VISTA, CA</u> <u>84-4107654</u>	LOW INCOME HOUSING	CA	MERCADO MGP 2019 LLC	RELATED	0.	6,975.	X		N/A	X		1.00
(2) <u>CARLSBAD LAUREL</u> <u>1355 3RD AVE</u> <u>CHULA VISTA, CA</u> <u>33-0812530</u>	LOW INCOME HOUSING	CA	MAAC	RELATED	570.	3,978,034.	X		N/A	X		0.01
(3) <u>VILLA LAKESHORE</u> <u>1355 3RD AVE</u> <u>CHULA VISTA, CA</u> <u>84-4227135</u>	LOW INCOME HOUSING	CA	MAAC	RELATED	15,002.	2,858,907.	X		N/A	X		79.00

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) <u>MAYBERRY, INC. 11-3703139</u> <u>1355 THIRD AVENUE</u> <u>CHULA VISTA, CA 91911</u> <u>11-3703139</u>	LOW INCOME HOUSING	CA	MAAC	C	0.	0.	100.00		X
(2) <u>MAAC WORTHINGTON LA LUNA FAMIL</u> <u>1355 THIRD AVENUE</u> <u>CHULA VISTA, CA 91911</u> <u>84-4856611</u>	LOW INCOME HOUSING	CA	MAAC	C	70.	-3,145.	79.00		X
(3) <u>MAAC WORTHINGTON DEL SOL FAMIL</u> <u>1355 THIRD AVENUE</u> <u>CHULA VISTA, CA 91911</u> <u>84-4835546</u>	LOW INCOME HOUSING	CA	MAAC	C	1,370.	-2,028.	79.00		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)	X	
e	Loans or loan guarantees by related organization(s)	X	
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)	X	
k	Lease of facilities, equipment, or other assets from related organization(s)		
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses	X	
r	Other transfer of cash or property to related organization(s)		
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAAC COMMUNITY CHARTER SCHOOL	J	3,800,000	CASH
(2) VILLA LAKESHORE MGP 2020 LLC	A	59	CASH
(3) VILLA LAKESHORE MGP 2020 LLC	L	61,417	CASH
(4) VILLA LAKESHORE MGP 2020 LLC	S	218,750	CASH
(5) MAAC BAYVIEW HEIGHTS, LLC	L	176,509	CASH
(6) MAAC LAUREL TREE MGP LLC	A	120	CASH

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

MERCADO 2019 LP	84-4107654	1355 3RD AVE	CHULA VISTA, CA 91911
CARLSBAD LAUREL TREE APARTMENTS	33-0812530	1355 3RD AVE	CHULA VISTA, CA 91911
VILLA LAKESHORE MGP 2020 LLC	84-4227135	1355 3RD AVE	CHULA VISTA, CA 91911
MAAC IVY LP	84-4788751	1355 3RD AVE	CHULA VISTA, CA 91911
MAAC NATIONAL CITY LP	84-4788984	1355 3RD AVE	CHULA VISTA, CA 91911
SENIORS ON BROADWAY, LP	83-0411220	1355 3RD AVE	CHULA VISTA, CA 91911
MAAC BAYVIEW HEIGHTS, LLC	82-5478195	1355 3RD AVE	CHULA VISTA, CA 91911
MAAC LAUREL TREE MGP LLC	99-2548436	1355 THIRD AVENUE	CHULA VISTA, CA 91911
CREST ON IMPERIAL LP	87-3678399	1355 THIRD AVENUE	CHULA VISTA, CA 91911
CRP VALENCIA POINTE, LP	85-0752897	122 EAST 42ND STREET, SUITE 1903	NEW YORK, NY 10168
MAAC SENDERO, LP	86-3444578	1355 THIRD AVENUE	CHULA VISTA, CA 91911
4132 BEYER, L.P.	82-4073607	1355 THIRD AVENUE	CHULA VISTA, CA 91911
SAN MARTIN MGP 2020, LLC	84-4187176	1355 THIRD AVENUE	CHULA VISTA, CA 91911
CRP VALENCIA POINTE, LP	85-0752897	122 EAST 42ND STREET, SUITE 1903	NEW YORK, NY 10168
COMM 22 SENIOR GP LLC	46-2578975	350 CALIFORNIA STREET, 16TH FLOOR	SAN FRANCISCO, CA 94104
COMM 22, LLC	73-1728124	350 CALIFORNIA STREET, 16TH FLOOR	SAN FRANCISCO, CA 94104

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN (CONTINUED)

COMM 22 HOUSING GP LLC 45-3767700 350 CALIFORNIA STREET, 16TH FLOOR
SAN FRANCISCO, CA 94104

PART VII - SUPPLEMENTAL INFORMATION

SCH. R, PAGE 2: DIRECT CONTROLLING ENTITY-1

SAN MARTIN DE PORRES, L.P. 99.9% OWNERSHIP IS HELD BY MAAC SAN MARTIN DE PORRES LLC,
WITH MAAC AS SOLE MEMBER

SCH. R, PAGE 2: DIRECT CONTROLLING ENTITY-14

PARTNERSHIP PERCENTAGE IS OWNED BY MAAC BAYVIEW HEIGHTS, LLC, WITH MAAC AS A 90%
OWNER.

SCH. R, PAGE 2: PERCENTAGE OWNERSHIP-5

MAAC OWNS 25% OF COMM 22 SENIOR GP, LLC; WHICH OWNS .01% OF COMM 22 SENIOR HOUSING
LP, WHICH IS .000025.

SCH. R, PAGE 2: PERCENTAGE OWNERSHIP-12

PARTNERSHIP OWNERSHIP PERCENTAGE IS .0051.

SCH. R, PAGE 2: PERCENTAGE OWNERSHIP-14

PARTNER ENDING SHARE OF PROFIT, LOSS AND CAPITAL IS .009%. OWNED BY MAAC BAYVIEW
HEIGHTS LLC.

SCH. R, PAGE 2: PERCENTAGE OWNERSHIP-19

PARTNERSHIP PERCENTAGE IS .007, ROUNDED UP TO .01%.

Continuation Sheet for Schedule R

Name of filing organization: METROPOLITAN AREA ADVISORY COMMITTEE ON
 Employer identification number: 95-2457354

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MAAC CREST, LLC 1355 THIRD AVE CHULA VISTA, CA 91911 84-4067952	LOW INCOME HOUSING	CA	-87,227.	0.	MAAC
MAAC VALENCIA POINTE MGP LLC 1355 THIRD AVE CHULA VISTA, CA 91911 85-2252011	LOW INCOME HOUSING	CA	102.	16,606.	MAAC
MAAC SENDERO MGP LLC 1355 THIRD AVE CHULA VISTA, CA 91911 86-2924284	LOW INCOME HOUSING	CA	0.	1,937,531.	MAAC
MAAC VENTANA AL SUR MGP LLC 1355 THIRD AVE CHULA VISTA, CA 91911 85-4349381	LOW INCOME HOUSING	CA	3.	3,392,407.	MAAC
MAAC MERCADO APARTMENTS LLC 1355 THIRD AVE CHULA VISTA, CA 91911 47-1353908	LOW INCOME HOUSING	CA	2,200,813.	7,007,041.	MAAC
MAAC ASCENCIA MGP LLC 1355 THIRD AVE CHULA VISTA, CA 91911 86-3444853	LOW INCOME HOUSING	CA	0.	21,659.	MAAC
MAAC HEBER DEL SOL FAMILY APTS MGP LLC 1355 THIRD AVE CHULA VISTA, CA 91911 84-4856756	LOW INCOME HOUSING	CA	0.	-10,699.	MAAC
MAAC CHAPTER SCHOOL FACILITIES LLC 1355 THIRD AVE CHULA VISTA, CA 91911 84-4242715	EDUCATION	CA	375,487.	204,781.	MAAC

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAAC IVY LP 1355 3RD AVE CHULA VISTA, CA 91 84-4788751	LOW INCOME HOUSING	CA	MAAC IVY,	RELATED	0.	2,680,996.		X	N/A		X	0.01
MAAC NATIONAL CITY 1355 3RD AVE CHULA VISTA, CA 91 84-4788984	LOW INCOME HOUSING	CA	MAAC NATIO	RELATED	0.	5,448,037.		X	N/A		X	0.01
SENIORS ON BROADWA 1355 3RD AVE CHULA VISTA, CA 91 83-0411220	LOW INCOME HOUSING	CA	MAAC	RELATED	-188,157.	-15,283.		X	N/A		X	0.01
MAAC BAYVIEW HEIGH 1355 3RD AVE CHULA VISTA, CA 91 82-5478195	LOW INCOME HOUSING	CA	MAAC	RELATED	-1,378,554.	35,070,802.		X	N/A		X	90.00
MAAC LAUREL TREE M 1355 THIRD AVENUE CHULA VISTA, CA 91 99-2548436	LOW INCOME HOUSING	CA	MAAC	RELATED	-134,667.	3,911,830.		X	N/A		X	79.00
CREST ON IMPERIAL 1355 THIRD AVENUE CHULA VISTA, CA 91 87-3678399	LOW INCOME HOUSING	CA	MAAC CREST	RELATED	-87,227.	0.		X	N/A		X	62.90
CRP VALENCIA POINT 122 EAST 42ND STRE NEW YORK, NY 10168 85-0752897	LOW INCOME HOUSING	CA	MAAC VALEN	RELATED	-52.	16,606.		X	N/A		X	0.00
MAAC SENDERO, LP 1355 THIRD AVENUE CHULA VISTA, CA 91 86-3444578	LOW INCOME HOUSING	CA	MAAC SENDE	RELATED	0.	1,937,531.		X	N/A		X	62.90

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
4132 BEYER, L. P. 1355 THIRD AVENUE CHULA VISTA, CA 91 82-4073607	LOW INCOME HOUSING	CA	MAAC VENTA	RELATED	-306.	3,392,407.		X	N/A	X		0.01
SAN MARTIN MGP 202 1355 THIRD AVENUE CHULA VISTA, CA 91 84-4187176	LOW INCOME HOUSING	CA	MAAC	RELATED	-84,848.	21,864,619.		X	N/A	X		79.00
CRP VALENCIA POINT 122 EAST 42ND STRE NEW YORK, NY 10168 85-0752897	LOW INCOME HOUSING	NY	MAAC VALEN	RELATED	-52.	16,606.		X	N/A	X		0.00
COMM 22 SENIOR GP 350 CALIFORNIA STR SAN FRANCISCO, CA 46-2578975	LOW INCOME HOUSING	CA	MAAC	RELATED	176.	2,067,379.		X	N/A		X	25.00
COMM 22, LLC 350 CALIFORNIA STR SAN FRANCISCO, CA 73-1728124	LOW INCOME HOUSING	CA	MAAC	RELATED	0.	1,273,857.		X	N/A		X	30.60
COMM 22 HOUSING GP 350 CALIFORNIA STR SAN FRANCISCO, CA 45-3767700	LOW INCOME HOUSING	CA	MAAC	RELATED	312.	3,362,309.		X	N/A		X	25.00

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.
California corporation number 0493664
FEIN 95-2457354
Street address (suite or room) 1355 THIRD AVENUE
City CHULA VISTA State CA ZIP code 91911

A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109... N Is the organization under audit... O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16). Total gross income is 82,365,911. Total expenses are 66,649,943. Balance due is 0.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: CHERI L. BOGGELN, Title: CFO, Date: [blank], Telephone: (619) 426-3595.
Paid Preparer's Use Only: Preparer's signature: CHERI L. BOGGELN, Firm's name: BOGGELN & COMPANY, INC., Address: 215 1/2 MAIN STREET, HUNTINGTON BEACH, CA 92648, Telephone: 714-374-7434.
May the FTB discuss this return with the preparer shown above? [X] Yes [] No

CACA1112L 01/14/25

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	185,670.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	13,454,308.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	21,410,622.
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	35,050,600.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	●	9	90,000.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	1,357,714.
	12	Other salaries and wages	●	12	25,841,635.
	13	Interest	●	13	569,272.
	14	Taxes	●	14	2,437,854.
	15	Rents	●	15	2,021,410.
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	34,332,058.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	66,649,943.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		6,211,686.	●	13,269,380.
2	Net accounts receivable		8,271,187.	●	8,586,835.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	63,655,038.		28,588,700.	
b	Less accumulated depreciation	15,439,340.	48,215,698.	13,452,100.	15,136,600.
11	Land		20,708,988.	●	708,990.
12	Other assets. Attach schedule. STM 4		2,262,689.	●	139,859,058.
13	Total assets		85,670,248.		177,560,863.
Liabilities and net worth					
14	Accounts payable		9,180,837.	●	3,848,847.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable		24,791,911.	●	24,602,016.
18	Other liabilities. Attach schedule. STM 5		9,157,921.		104,061,756.
19	Capital stock or principal fund		42,539,579.	●	45,048,244.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		85,670,248.		177,560,863.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	15,715,968.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●			Subtract line 9 from line 6	●	15,715,968.
6	Total. Add line 1 through line 5	●	15,715,968.				

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

**CALIFORNIA COPY
Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC.	Employer identification number 95-2457354
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CA-DEP OF COMM & SVCS DEV 2389 GATEWAY OAKS DR. STE 100 SACRAMENTO, CA 95833	\$ 3,113,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	STATE OF CA-DEP OF EDUCATION 1430 N STREET SACRAMENTO, CA 95814	\$ 3,412,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HEALTH AND HUMAN 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 36,722,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF VISTA 200 CIVIC CENTER DR. VISTA, CA 92084	\$ 1,239,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE, SW WASHINGTON, DC 20250	\$ 773,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE, SW WASHINGTON, DC 20585	\$ 573,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SDG&E ----- 8326 CENTURY PARK COURT ----- SAN DIEGO, CA 92123 -----	\$ 407,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BQUEST FOUNDATION ----- 2405 BANCROFT STREET ----- SAN DIEGO, CA 92104 -----	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JP MORGAN CHASE BANK, N.A. ----- 300 SOUTH GRAND AVENUE, 4TH FL ----- LOS ANGELES, CA 90071 -----	\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	UNIDOS - LATINOS IN FINANCE ----- 1126 16TH STREET NW SUITE 600 ----- WASHINGTON, DC 20036 -----	\$ 88,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KAISER PERMANENTE ----- 4511 ORCUTT AVENUE ----- SAN DIEGO, CA 92120 -----	\$ 69,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CENTER FOR SUSTAINABLE ENERGY ----- 8690 BALBOA AVENUE ----- SAN DIEGO, CA 92123 -----	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COMMUNITY HEALTH GROUP ----- 2420 FENTON ST ----- CHULA VISTA, CA 91914 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EPIC SYSTEMS CORPORATION ----- 1979 MILKY WAY ----- VERONA, WI 53593 -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PRICE PHILANTHROPIES ----- 4305 UNIVERSITY AVE SUITE 600 ----- SAN DIEGO, CA 92105 -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	US BANK - SOIREE & STEP CENTERS ----- 4747 EXECUTIVE DR 3RD FLOOR ----- SAN DIEGO, CA 92121 -----	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	UNITED WAY OF SAN DIEGO COUNTY ----- 4699 MURPHY CANYON ROAD ----- SAN DIEGO, CA 92123 -----	\$ 30,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WELLS FARGO ----- 4655 EXECUTIVE DR ----- SAN DIEGO, CA 92121 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MISSION FEDERAL CREDIT UNION 10325 MEANLEY DRIVE SAN DIEGO, CA 92131	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	GRID ALTERNATIVES 930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	\$ 24,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CONSULATE GENERAL OF MEXICO IN SD 1549 INDIA STREET SAN DIEGO, CA 92101	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BANK OF AMERICA 701 B STREET, SUITE 1600 SAN DIEGO, CA 92101	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	PARKER FOUNDATION 2604-B EL CAMINO REAL STE 244 CARLSBAD, CA 92008	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	UNIDOS US 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 20036	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SUN COUNTRY BUILDERS ----- 3156 LIONSHEAD AVE ----- CARLSBAD, CA 92010 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	RANCHO MESA INSURANCE SERVICES, INC ----- 250 RIVERVIEW PARKWAY #401 ----- SANTEE, CA 92071 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ICON NATIONAL ----- 777 SIXTH AVE UNIT 127 ----- SAN DIEGO, CA 92101 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	INFOLINE OF SD, DBA 2-1-1 SAN DIEGO ----- 3860 CALLE FORTUNADA STE 101 ----- SAN DIEGO, CA 92123 -----	\$ 11,505.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	COUNTY OF SAN DIEGO ----- 1600 PACIFIC HIGHWAY ----- SAN DIEGO, CA 92101 -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MARSH & MCLENNAN INSURANCE AGENCY ----- 9171 TOWNE CENTER DRIVE SUITE ----- SAN DIEGO, CA 92122 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MEDIEXCEL HEALTH PLAN ----- 750 MEDICAL CENTER CT. STE 2 ----- CHULA VISTA, CA 91911 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	TALENT CONNECT ----- 3111 CAMINO DEL RIO NORTH SUIT ----- SAN DIEGO, CA 92108 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SAN DIEGO FOUNDATION ----- 2508 HISTORIC DECATUR RD #200 ----- SAN DIEGO, CA 92106 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MANPOWER ----- 1855 FIRST AVENUE ----- SAN DIEGO, CA 92101 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	SOUTHWEST AIRLINES ----- 2702 LOVE FIELD DR ----- DALLAS, TX 75235 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	COLLINS AEROSPACE ----- 850 LAGOON DR ----- CHULA VISTA, CA 91910 -----	\$ 9,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	OTAY-TIJUANA VENTURE LLC ----- 2745 OTAY PACIFIC DRIVE ----- SAN DIEGO, CA 92154 -----	\$ 9,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	UNITED WAY OF GREATER ATLANTA ----- 40 COURTLAND ST NE #300 ----- ATLANTA, GA 30303 -----	\$ 8,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	MARIA GARCIA ----- 3641 LOUISIANA ST ----- SAN DIEGO, CA 92104 -----	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	CITY OF SAN DIEGO - CPPS ----- 5148 MARKET ST ----- SAN DIEGO, CA 92114 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	KRAKAUER CHARITABLE TRUST ----- PO BOX 505 ----- ST. LOUIS, MO 63166 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	LUIS MAIZEL ----- 5707 BAJA MAR ----- LA JOLLA, CA 92037 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	QUALCOMM ----- 5775 MOREHOUSE DRIVE ----- SAN DIEGO, CA 92121 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	SCHWAB CHARITABLE/RODRIGO GUEVARRA ----- 2411 MAIN STREET ----- SAN FRANCISCO, CA 94105 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	SAN YSIDRO HEALTH ----- 1601 PRECISION PARK LANE ----- SAN DIEGO, CA 92173 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	SOUTH BAY COMMUNITY SERVICES ----- 430 F ST. ----- CHULA VISTA, CA 91910 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	LAKESHORE LEARNING MATERIALS ----- 2695 E DOMINGUEZ ST ----- CARSON, CA 90895 -----	\$ 46,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization METROPOLITAN AREA ADVISORY COMMITTEE ON	Employer identification number 95-2457354
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
47	EDUCATION SUPPLIES ----- ----- -----	\$ 46,635.	VARIOUS
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.

95-2457354

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

CANCELLATION OF DEBT.....	\$	339,339.
MISCELLANEOUS INCOME.....		46,602.
PROGRAM SERVICE REVENUE.....		21,024,681.
TOTAL	\$	<u>21,410,622.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAIDTOTAL \$ 0.STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	325,340.
AMORTIZATION.....		149,852.
AUTO EXPENSE.....		38,409.
BANK CHARGES.....		85,921.
CHILD DEVELOPMENT.....		4,267,570.
COMPUTER SOFTWARE.....		568,059.
CREDIT CARD FEES.....		21,455.
DEPRECIATION.....		2,247,584.
DUES & SUBSCRIPTIONS.....		90,120.
EDUCATION/SEMINARS.....		653,271.
EQUIPMENT.....		137,220.
EQUIPMENT RENTAL.....		105,260.
FUNDRAISING.....		32,610.
INSURANCE.....		1,736,532.
K-1 RENTAL EXPENSES.....		824,122.
LEGAL FEES.....		146,373.
MANAGEMENT FEES.....		170,097.
MARKETING/ADVERTISING.....		518,479.
MEDICAL EXAMS - STAFF.....		50,010.
MISCELLANEOUS.....		622,247.
MONITORING FEES.....		83,604.
OFFICE EXPENSES.....		554,601.
OTHER EMPLOYEE BENEFIT.....		3,154,215.
OTHER FEES.....		6,055,064.
OTHER NONPERSONNEL IN-KIND.....		3,206,600.
PAYROLL PROCESSING FEE.....		94,540.
PROFESSIONAL FUNDRAISING FEES.....		17,553.
PROPERTY TAXES.....		80,646.
PROVISION FOR CREDIT LOSS.....		470,969.
REPAIR & MAINT.....		1,793,836.
SPECIAL EVENT EXPENSES.....		166,183.
SUPPLIES.....		3,690,056.
TAXES & FILING FEES.....		82,075.
TELEPHONE.....		628,944.
TRAVEL.....		584,383.
UTILITIES.....		878,258.
TOTAL	\$	<u>\$34,332,058.</u>

METROPOLITAN AREA ADVISORY COMMITTEE ON
ANTI-POVERTY OF SAN DIEGO COUNTY, INC.

95-2457354

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

DEPOSITS AND OTHER ASSETS.....	7,980.
DUE FROM RELATED PARTIES.....	29,638,251.
INVESTMENT IN JOINT VENTURES & OTHER ENT.....	105,344,107.
LONG TERM RECEIVABLE.....	62,770.
OPERATING LEASE-RIGHT OF USE ASSET.....	3,589,050.
OTHER.....	314,900.
PREPAID EXPENSES AND DEFERRED CHARGES.....	902,000.
TOTAL	<u>\$ 139,859,058.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....	3,580,844.
DEVELOPER FEE PAYABLE.....	38,390.
DUE TO RELATED PARTIES.....	10,974,430.
NONRECOURSE DEBT FROM K-1.....	3,763,484.
OPERATING LEASE.....	5,838,977.
QNR DEBT FROM K-1.....	43,286.
RECOURSE DEBT FROM K-1.....	79,699,543.
TENANT SECURITY DEPOSITS.....	122,802.
TOTAL	<u>\$ 104,061,756.</u>



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>METROPOLITAN AREA ADVISORY COMMITTEE ON ANTI-POVERTY OF SAN DIEGO COUNTY, INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used 1355 THIRD AVENUE Address (Number and Street)</p> <p>CHULA VISTA, CA 91911 City or Town, State, and ZIP Code</p> <p>(619) 426-3595 AFOYE@MAACPROJECT.ORG Telephone Number Email Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number 017864</p> <p>Corporation or Organization No. 0493664</p> <p>Federal Employer ID No. 95-2457354</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/24 ending 12/31/24) list:

Total Revenue \$ (including noncash contributions) 82,199,728. **Noncash Contributions \$** 0. **Total Assets \$** 177,560,863.

Program Expenses \$ 58,515,190. **Total Expenses \$** 66,649,943.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

 Signature of Authorized Agent	AUSTIN FOYE Printed Name	CFO Title	11/14/25 Date
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STATEMENT 1
FORM RRF-1, PART B, LINE 4
FUNDRAISERS USED

DONNA O'BRIEN
9851 SASKATCHEWAN AVE
SAN DIEGO, CA 92129

GOODROW CONSUL TING LLC
2967 ELM ST
SAN DIEGO, CA 92102

STATEMENT 2
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE, SW
WASHINGTON, DC 20201
(877) 696-6775

U.S. DEPARTMENT OF ENERGY
1000 INDEPENDENCE AVE, SW
WASHINGTON, DC 20585
(202) 586-5000

U.S. DEPARTMENT OF AGRICULTURE
1400 INDEPENDENCE AVE, SW
WASHINGTON, DC 20250
(202) 720-2791

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
451 7TH STREET, S.W.
WASHINGTON, DC 20410
NADINE HASSOUN
NHASSOUN@SANDIEGO.GOV

STATE OF CALIFORNIA-DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2389 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
MICHAEL BROWN
MICHAEL.BROWN@CSD.CA.GOV

STATE OF CALIFORNIA-DEPARTMENT OF EDUCATION
1430 N STREET
SACRAMENTO, CA 95814
(916) 319-0800.
MLEFFEL@CDE.CA.GOV

SAN DIEGO COUNTY HEALTH AND HUMAN SERVICES AGENCY
3255 CAMINO DEL RIO SOUTH
SAN DIEGO, CA 92108
LISA THIEL
LISA.THIEL@SDCOUNTY.CA.GOV

SAN DIEGO COUNTY DEPARTMENT OF EDUCATION
6401 LINDA VISTA RD
SAN DIEGO, CA 92111
MELISSA NGUYEN

STATEMENT 2 (CONTINUED)
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING858-292-3801
MNGUYEN@SDCOE.NETINFOLINE OF SAN DIEGO, DBA 2-1-1 SAN DIEGO
3860 CALLE FORTUNADA STE 101
SAN DIEGO, CA 92123
RACHEL ANDREWS-SAGER
RSAGER@211SANDIEGO.ORGCITY OF VISTA
200 CIVIC CENTER DR.
VISTA, CA 92084
JOHANNAH KNIEFF