

1150

**Open to  
Public  
Inspection**

# Return of Organization Exempt From Income Tax

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

~~Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.~~

**990EZ**  
Form   
Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

**B** Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

City or town, state or province, country, and ZIP or foreign postal code  
EL CAJON, CA 92020

(619) 442-8871

**F Group Exemption  
Number** ▶

**G Accounting Method:** ☒ Cash ☐ Accrual Other (specify) ►

**H** Check   if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ► <http://www.mothergooseparade.org>

**J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☒ 501(c)( 4) ◀ (insert no. ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ **73,646**

| Part I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) |
|--------|-------------------------------------------------------------------------------------------------|
|--------|-------------------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part I

..... ☒

|            |                                                                                |                                                                                                                                                                                                                 |    |        |        |
|------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|--------|
| Revenue    | 1                                                                              | Contributions, gifts, grants, and similar amounts received                                                                                                                                                      |    | 1      | 52,912 |
|            | 2                                                                              | Program service revenue including government fees and contracts                                                                                                                                                 |    | 2      | 20,734 |
|            | 3                                                                              | Membership dues and assessments                                                                                                                                                                                 |    | 3      |        |
|            | 4                                                                              | Investment income                                                                                                                                                                                               |    | 4      |        |
|            | 5a                                                                             | Gross amount from sale of assets other than inventory                                                                                                                                                           | 5a |        |        |
|            | b                                                                              | Less: cost or other basis and sales expenses                                                                                                                                                                    | 5b | 0      |        |
|            | c                                                                              | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                         | 5c |        |        |
|            | 6                                                                              | Gaming and fundraising events                                                                                                                                                                                   |    |        |        |
|            | a                                                                              | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                           | 6a |        |        |
|            | b                                                                              | Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 0      |        |
| c          | Less: direct expenses from gaming and fundraising events                       | 6c                                                                                                                                                                                                              | 0  |        |        |
|            | d                                                                              | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                              | 6d |        |        |
| 7a         | Gross sales of inventory, less returns and allowances                          |                                                                                                                                                                                                                 | 7a |        |        |
| b          | Less: cost of goods sold                                                       | 7b                                                                                                                                                                                                              | 0  |        |        |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c                                                                                                                                                                                                              |    |        |        |
| 8          | Other revenue (describe in Schedule O)                                         |                                                                                                                                                                                                                 | 8  |        |        |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                         |                                                                                                                                                                                                                 | 9  | 73,646 |        |
| Expenses   | 10                                                                             | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                            |    | 10     |        |
|            | 11                                                                             | Benefits paid to or for members                                                                                                                                                                                 |    | 11     |        |
|            | 12                                                                             | Salaries, other compensation, and employee benefits                                                                                                                                                             |    | 12     |        |
|            | 13                                                                             | Professional fees and other payments to independent contractors                                                                                                                                                 |    | 13     | 590    |
|            | 14                                                                             | Occupancy, rent, utilities, and maintenance                                                                                                                                                                     |    | 14     |        |
|            | 15                                                                             | Printing, publications, postage, and shipping                                                                                                                                                                   |    | 15     | 3,694  |
|            | 16                                                                             | Other expenses (describe in Schedule O)                                                                                                                                                                         |    | 16     | 58,296 |
| 17         | Total expenses. Add lines 10 through 16                                        |                                                                                                                                                                                                                 | 17 | 62,580 |        |
| Net Assets | 18                                                                             | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                                 |    | 18     | 11,066 |
|            | 19                                                                             | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                                |    | 19     | 1,429  |
|            | 20                                                                             | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                            |    | 20     |        |
|            | 21                                                                             | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                         |    | 21     | 12,495 |

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 6,429                 | 22 | 12,495          |
| 23 Land and buildings                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 1,000                 | 24 |                 |
| 25 Total assets                                                                | 7,429                 | 25 | 12,495          |
| 26 Total liabilities (describe in Schedule O).                                 | 6,000                 | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 1,429                 | 27 | 12,495          |

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☐

What is the organization's primary exempt purpose?  
Non profit parade formation

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Using the Mother Goose theme, the organization puts on a parade in the city of El Cajon, CA. It is viewed by thousands of people and taped for TV for children of all ages.  
(Grants \$ 40,708) If this amount includes foreign grants, check here

☐

28a

29  
  
(Grants \$ ) If this amount includes foreign grants, check here

☐

29a

30  
  
(Grants \$ ) If this amount includes foreign grants, check here

☐

30a

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

☐

31a

32 Total program service expenses (add lines 28a through 31a)

☐

32

40,708

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

☐

| (a) Name and title                     | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| DARYL PRIEST<br>President              | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| PATTI TUTTLE SHRYOCK<br>Vice President | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| KRISTINA COSTA<br>Vice President       | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| LISA VAN SICKLE<br>Secretary           | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| CATHY LEE ZEMAN<br>Treasurer           | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| DEBORAH CHANDLER<br>Director           | 2.00                                           | 0                                                                          |                                                                                         |                                            |
| HEIDI JOHNSON<br>Director              | 2.00                                           | 0                                                                          |                                                                                         |                                            |

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

|     |                                                                                                                                                                                                                                                                                                                                               |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                               | Yes | No |
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                 | 33  | No |
| 34  | Were there any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .                                                                      | 34  | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                | 35a | No |
| b   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                          | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                    | 35c | No |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                   | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶                                                                                                                                                                                                                                               | 37a |    |
| b   | Did the organization file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                              | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                        | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                          | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                       |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                        | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                               | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 . . . . .                                                                                                                                                                      |     |    |
| b   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | 40b | No |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 . . . . .                                                                                                                                    |     |    |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0 . . . . .                                                                                                                                                                                                      |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                            | 40e | No |
| 41  | List the states with which a copy of this return is filed. ▶                                                                                                                                                                                                                                                                                  |     |    |
| 42a | The organization's books are in care of ▶ CATHY L LUBAK Telephone no. ▶ (619) 445-5523 Located at ▶ 2065 ARNOLD WAY ALPINE , CA ZIP + 4 ▶ 91901 . . . . .                                                                                                                                                                                     |     |    |
|     |                                                                                                                                                                                                                                                                                                                                               | Yes | No |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                                                                            | 42b | No |
|     | If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                            |     |    |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                                                        |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .                                                                                                                                                                                                                                     | 42c | No |
|     | If "Yes," enter the name of the foreign country: ▶                                                                                                                                                                                                                                                                                            |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43                                                                                                                                      |     |    |
|     |                                                                                                                                                                                                                                                                                                                                               | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                  | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                           | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                              | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                             | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                                  | 45b | No |

|    |                                                                                                                                                                                             |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                             | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. |     | No |

Part VI

Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

|     |                                                                                                                                                            |     |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | Check if the organization used Schedule O to respond to any question in this Part VI.                                                                      | Yes | No |
| 47  | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II |     |    |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                       |     |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                  |     |    |
| b   | If "Yes," was the related organization a section 527 organization?                                                                                         |     |    |

| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |                                                |                                                   |                                                                                         |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| (a) Name and title of each employee                                                                                                                                                                                                                        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| NONE                                                                                                                                                                                                                                                       |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |

|   |                                                     |  |
|---|-----------------------------------------------------|--|
| f | Total number of other employees paid over \$100,000 |  |
|---|-----------------------------------------------------|--|

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| NONE                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

|   |                                                                              |  |
|---|------------------------------------------------------------------------------|--|
| d | Total number of other independent contractors each receiving over \$100,000. |  |
|---|------------------------------------------------------------------------------|--|

|    |                                                                                                                               |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 52 | Did the organization complete Schedule A? <b>NOTE.</b> All section 501(c)(3) organizations must attach a completed Schedule A | Yes | No |
|----|-------------------------------------------------------------------------------------------------------------------------------|-----|----|

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

|                        |                                                                           |  |                      |      |                                                 |                          |
|------------------------|---------------------------------------------------------------------------|--|----------------------|------|-------------------------------------------------|--------------------------|
| Sign Here              | Signature of officer                                                      |  | 2020-06-01<br>Date   |      |                                                 |                          |
|                        | CATHY L LUBAK Director<br>Type or print name and title                    |  |                      |      |                                                 |                          |
| Paid Preparer Use Only | Print/Type preparer's name<br>RICHARD A GOLDBERG                          |  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00186155        |
|                        | Firm's name Cashuk Wiseman Goldberg Birnbaum & Salem LLP                  |  |                      |      |                                                 | Firm's EIN 95-3867687    |
|                        | Firm's address 3333 Camino Del Rio South Suite 230<br>San Diego, CA 92108 |  |                      |      |                                                 | Phone no. (619) 563-0145 |

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

**Additional Data**

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

**Form 990-EZ, Special Condition Description:**

Special Condition Description

|                                                                                                                                          |                                                                                                                                                                                                     |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> | <div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div> | <div>OMB No. 1545-0047</div> <div>2019</div> |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|

|                                                 |                                |
|-------------------------------------------------|--------------------------------|
| Name of the organization                        | Employer identification number |
| EL CAJON VALLEY MOTHER GOOSE PARADE ASSOCIATION | 95-1657414                     |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Filers of:         | Section:                                                                                                  |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
EL CAJON VALLEY MOTHER GOOSE PARADE  
ASSOCIATION

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

|                                                                            |                                                  |
|----------------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br>EL CAJON VALLEY MOTHER GOOSE PARADE<br>ASSOCIATION | Employer identification number<br><br>95-1657414 |
|----------------------------------------------------------------------------|--------------------------------------------------|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |



|                                                                         |                                              |
|-------------------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>EL CAJON VALLEY MOTHER GOOSE PARADE ASSOCIATION | Employer identification number<br>95-1657414 |
|-------------------------------------------------------------------------|----------------------------------------------|

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.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

## Additional Data

[Return to Form](#)

**Software ID:** 19009920

**Software Version:** 2019v5.0

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization  
EL CAJON VALLEY MOTHER GOOSE PARADE ASSOCIATION

Employer identification number  
95-1657414

| Return Reference       | Explanation                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------|
| Other Expenses.1002    | Office Expenses \$2584                                                                                    |
| Other Expenses.1009    | Depreciation \$1000                                                                                       |
| Other Expenses.1       | EQUIPMENT RENTAL & MAINT \$22608                                                                          |
| Other Expenses.2       | SUPPLIES \$13934                                                                                          |
| Other Expenses.3       | FACILITIES AND EQUIPMENT \$8655                                                                           |
| Other Expenses.4       | OUTSIDE CONTRACT SERVICES \$5853                                                                          |
| Other Expenses.5       | PARADE OPERATIONS \$2392                                                                                  |
| Other Expenses.8       | SCHOLARSHIPS \$1200                                                                                       |
| Other Expenses.9       | BANK CHARGES \$60                                                                                         |
| Other Expenses.10      | STATE INCOME TAX \$10                                                                                     |
| Other Assets.1003      | Machinery and Equipment - Beginning \$1000 Machinery and Equipment - Ending \$0                           |
| Total Liabilities.1006 | Payable to Officers, Directors, Etc. - Beginning \$6000 Payable to Officers, Directors, Etc. - Ending \$0 |

**Additional Data**

**Return to Form**

**Software ID:** 19009920

**Software Version:** 2019v5.0