

2020 Exempt Org. Return
prepared for:

FORTY-NINER SHOPS, INC.
6049 EAST SEVENTH STREET
LONG BEACH, CA 90840

Guzman & Gray, Certified Public Accountants
4510 E. Pacific Coast Highway, Suite 270
Long Beach, CA 90804

FORTY-NINER SHOPS, INC.

95-1782943

	2020	2019	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	2,000,000	0	2,000,000
PROGRAM SERVICE REVENUE.....	1,490,571	1,987,634	-497,063
INVESTMENT INCOME.....	1,146,062	24,129	1,121,933
OTHER REVENUE.....	3,886,364	15,560,555	-11,674,191
TOTAL REVENUE.....	8,522,997	17,572,318	-9,049,321
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	89,033	399,309	-310,276
SALARIES, OTHER COMPEN., EMP. BENEFITS..	7,467,489	13,016,101	-5,548,612
OTHER EXPENSES.....	3,371,978	6,687,967	-3,315,989
TOTAL EXPENSES.....	10,928,500	20,103,377	-9,174,877
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-2,405,503	-2,531,059	125,556
TOTAL ASSETS AT END OF YEAR.....	24,165,154	25,648,289	-1,483,135
TOTAL LIABILITIES AT END OF YEAR.....	12,406,176	13,327,851	-921,675
NET ASSETS/FUND BALANCES AT END OF YEAR.	11,758,978	12,320,438	-561,460

FORTY-NINER SHOPS, INC.

95-1782943

	2020	2019	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	809,512	429,841	379,671
NET SALES.....	809,512	429,841	379,671
COST OF GOODS SOLD.....	169,459	211,204	-41,745
GROSS PROFIT.....	640,053	218,637	421,416
TOTAL REVENUE.....	640,053	218,637	421,416
DEDUCTIONS			
SALARIES AND WAGES.....	134,829	138,861	-4,032
REPAIRS AND MAINTENANCE.....	10,056	5,690	4,366
BAD DEBTS.....	-25	44	-69
DEPRECIATION.....	2,670	1,510	1,160
DEPRECIATION CLAIMED ON PAGE ONE.....	2,670	1,510	1,160
EMPLOYEE BENEFIT PROGRAMS.....	88,779	54,516	34,263
OTHER DEDUCTIONS.....	108,916	253,288	-144,372
TOTAL DEDUCTIONS.....	345,225	453,909	-108,684
UNRELATED BUSINESS TAXABLE INCOME BEFORE UNRELATED BUSINESS TAXABLE INCOME.....	294,828	-235,272	530,100
UNRELATED BUSINESS TAXABLE INCOME.....	294,828	-235,272	530,100
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
SPECIFIC DEDUCTION.....	1,000	0	1,000
UNRELATED BUSINESS TAXABLE INCOME.....	0	0	0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TAX AND PAYMENTS			
TOTAL TAX.....	0	0	0
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

FORTY-NINER SHOPS, INC.

95-1782943

	2020	2019	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	19,581,437	34,178,721	-14,597,284
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	2,000,000	0	2,000,000
TOTAL GROSS RECEIPTS.....	21,581,437	34,178,721	-12,597,284
TOTAL COSTS.....	13,058,440	16,606,403	-3,547,963
TOTAL GROSS INCOME.....	8,522,997	17,572,318	-9,049,321
EXPENSES			
TOTAL EXPENSES.....	10,928,500	20,103,377	-9,174,877
EXCESS RECEIPTS OVER EXPENSES.....	-2,405,503	-2,531,059	125,556
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

FORTY-NINER SHOPS, INC.

95-1782943

	2020	2019	DIFF
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME.....	-678,055	-258,613	-419,442
TAX COMPUTATION			
TAX.....	0	0	0
LESS CREDITS.....	0	0	0
BALANCE.....	0	0	0
TOTAL TAX.....	0	0	0
PAYMENTS			
TOTAL PAYMENTS.....	0	0	0
REFUND OR AMOUNT DUE			
TOTAL AMOUNT DUE.....	0	0	0

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

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



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen 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.

FORTY-NINER SHOPS, INC. <small>Name of Organization</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used 6049 EAST SEVENTH STREET <small>Address (Number and Street)</small>	State Charity Registration Number <u>06504</u>
LONG BEACH, CA 90840 <small>City or Town, State and ZIP Code</small>	Corporation or Organization No. <u>0280702</u>
562 985-5093 <small>Telephone Number</small>	Federal Employer ID No. <u>95-1782943</u>
_____ <small>E-mail Address</small>	

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/20 ending 6/30/21) list:

Gross Annual Revenue \$ 8,522,997. Noncash Contributions \$ 0. Total Assets \$ 24,165,154.

Program Expenses \$ 7,925,822. Total Expenses \$ 10,928,500.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEE STATEMENT 1		
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.

	Robert de Wit	General Manager/CEO	11/12/2021
Signature of Authorized Agent	Printed Name	Title	Date

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

SMALL BUSINESS ADMINISTRATION
409 3RD ST, SW. WASHINGTON DC 20416
GRANT ADMINISTRATOR, 800-827-5722

LOS ANGELES COUNTY DEPARTMENT OF WORKFORCE DEVELOPMENT,
AGING AND COMMUNITY SERVICES
3175 WEST SIXTH STREET LOS ANGELES, CA 90020
CONTRACT ADMINISTRATOR, 213-738-2600

FORTY-NINER SHOPS, INC.

95-1782943

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
DEPR. SCHEDULE ONLY																
1	VARIOUS EQUIPMENT-2ND STREE	VARIOUS		29,013							29,013	23,520	S/L	7		2,670
	TOTAL			29,013		0	0	0	0	0	29,013	23,520				2,670
	TOTAL DEPRECIATION			29,013		0	0	0	0	0	29,013	23,520				2,670
DEPR. SCHEDULE ONLY																
3	VARIOUS EQUIP-CATERING SERVIC	VARIOUS		83,874							83,874	60,960	S/L	7		6,870
	TOTAL			83,874		0	0	0	0	0	83,874	60,960				6,870
	TOTAL DEPRECIATION			83,874		0	0	0	0	0	83,874	60,960				6,870
	GRAND TOTAL DEPRECIATION			112,887		0	0	0	0	0	112,887	84,480				9,540

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

2020

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 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FORTY-NINER SHOPS, INC. 6049 EAST SEVENTH STREET LONG BEACH, CA 90840	D Employer identification number 95-1782943 E Telephone number 562 985-5093 G Gross receipts \$ <u>21,581,437.</u>
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F Name and address of principal officer: <u>ROBERT DEWIT</u> SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SHOPTHEBEACH.COM **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1953 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a).....	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	2
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	5	813
6	Total number of volunteers (estimate if necessary).....	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	640,053.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h).....		2,000,000.
	9 Program service revenue (Part VIII, line 2g).....	1,987,634.	1,490,571.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	24,129.	1,146,062.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	15,560,555.	3,886,364.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	17,572,318.	8,522,997.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	399,309.	89,033.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	13,016,101.	7,467,489.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	6,687,967.	3,371,978.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	20,103,377.	10,928,500.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-2,531,059.	-2,405,503.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year 25,648,289.	End of Year 24,165,154.
	21 Total liabilities (Part X, line 26).....	13,327,851.	12,406,176.
	22 Net assets or fund balances. Subtract line 21 from line 20.....	12,320,438.	11,758,978.

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.

Sign Here	Signature of officer: <u>[Signature]</u>	Date: <u>11/12/2021</u>
	Type or print name and title: <u>Robert de Wit - General Manager/CEO</u>	

Paid Preparer Use Only	Print/Type preparer's name: <u>MARK GRAY, CPA</u>	Preparer's signature: _____	Date: _____	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00048565</u>
	Firm's name: <u>GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS</u>	Firm's EIN: <u>33-0302407</u>			
	Firm's address: <u>4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804</u>	Phone no.: <u>(562) 498-0997</u>			

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 \$ 7,925,822. including grants of \$ 89,033.) (Revenue \$ 1,490,571.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,925,822.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors 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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II		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? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V		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? If 'Yes,' complete Schedule D, Part VI	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? If 'Yes,' complete Schedule D, Part VII		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? If 'Yes,' complete Schedule D, Part VIII		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? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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? If 'Yes,' complete Schedule F, Parts I and IV		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? If 'Yes,' complete Schedule F, Parts II and IV		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? If 'Yes,' complete Schedule F, Parts III and IV		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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		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? If 'Yes,' complete Schedule I, Parts I and II	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? If 'Yes,' complete Schedule I, Parts I and III.		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? If 'Yes,' complete Schedule J.	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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II.		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? If 'Yes,' complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see 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? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		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? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	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)? If 'Yes,' complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		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? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in 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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included in 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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 813		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If 'Yes,' complete Form 4720, Schedule O.			

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

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. SEE SCH. O		
1 a	10		
b	Enter the number of voting members included on line 1a, above, who are independent.		
1 b	2		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7 b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8 a			
b	Each committee with authority to act on behalf of the governing body?	X	
8 b			
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. SEE SCHEDULE O.	X	
9			

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 a			
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10 b			
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 a			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
12 c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
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	X	
15 a			
b	Other officers or key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15 b			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 a			
b	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?		
16 b			

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 Another's website 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 ▶
 CONTROLLER 6049 EAST SEVENTH STREET LONG BEACH CA 90840 562 985-5549

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

1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) SCOTT APEL CHAIR/TREASURER	2 40	X		X			0.	253,376.	103,723.
(2) TRACY RICHARDSON DIRECTOR	2 40	X					0.	222,356.	71,343.
(3) ROBERT DEWIT CEO	40 0			X			225,594.	0.	40,052.
(4) WENDY REIBOLDT DIRECTOR	2 40	X					0.	170,947.	72,876.
(5) PRAVEEN SONI DIRECTOR	2 40	X					0.	151,035.	56,707.
(6) CLINT CAMPBELL DIR OF CNTRCTS ADM	40 0					X	162,831.	0.	36,241.
(7) ROSA HENDERSON HUMAN RESOURCE DIR	40 0					X	142,056.	0.	35,276.
(8) BETH LESEN VICE CHAIR	2 40	X		X			0.	122,039.	48,168.
(9) ALFREDO MACIAS RESDN TL DINING DIR	40 0					X	121,978.	0.	38,397.
(10) CYNTHIA FARRINGTON DIR. OF BOOKSTORE	40 0					X	117,340.	0.	32,090.
(11) MAJID ZAHEDI IT MANAGER	40 0					X	110,056.	0.	25,904.
(12) OMAR PRUDENCIO GONZALES DIRECTOR	2 0	X					0.	0.	0.
(13) ADRIANA ANDRADE RODRIGUEZ DIRECTOR	2 0	X					0.	0.	0.
(14) JEREMY HARRIS DIRECTOR	2 0	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GENESIS JARA DIRECTOR	2 0	X						0.	0.	0.
(16) MAYTHE ALDERETE GONZALEZ DIRECTOR	2 0	X						0.	0.	0.
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								879,855.	919,753.	560,777.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								879,855.	919,753.	560,777.

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 **6**

	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>		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>	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>		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

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 **0**

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	1 a Federated campaigns.....	1 a					
	b Membership dues.....	1 b					
	c Fundraising events.....	1 c					
	d Related organizations.....	1 d					
	e Government grants (contributions)....	1 e	2,000,000.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f					
	g Noncash contributions included in lines 1a-1f.....	1 g					
	h Total. Add lines 1a-1f..... ▶		2,000,000.				
Program Service Revenue	Business Code						
	2 a <u>CNTRCTD ENTERPRISE REV.</u>		1,490,571.	1,490,571.			
	b -----						
	c -----						
	d -----						
	e -----						
	g Total. Add lines 2a-2f..... ▶		1,490,571.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)..... ▶		207,801.			207,801.	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties..... ▶						
	6 a Gross rents.....	6 a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6 b					
	c Rental income or (loss)	6 c					
	d Net rental income or (loss)..... ▶						
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	5,575,259.	2,031,707.		
			(ii) Other				
				4,549,699.	2,119,006.		
				1,025,560.	-87,299.		
	b Less: cost or other basis and sales expenses	7 b					
	c Gain or (loss).....	7 c					
d Net gain or (loss)..... ▶		938,261.			938,261.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.....	8 a						
b Less: direct expenses.....	8 b						
c Net income or (loss) from fundraising events..... ▶							
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a						
b Less: direct expenses.....	9 b						
c Net income or (loss) from gaming activities..... ▶							
10 a Gross sales of inventory, less..... returns and allowances.....	10 a	10263290.					
b Less: cost of goods sold....	10 b	6,389,735.					
c Net income or (loss) from sales of inventory..... ▶		3,873,555.	3,233,502.	640,053.			
Miscellaneous Revenue	Business Code						
	11 a <u>IMPUTED INTEREST</u>		12,809.			12,809.	
	b -----						
	c -----						
	d All other revenue.....						
e Total. Add lines 11a-11d..... ▶		12,809.					
12 Total revenue. See instructions..... ▶		8,522,997.	4,724,073.	640,053.	1,158,871.		

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

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.	89,033.	89,033.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	210,947.	157,679.	53,268.	0.
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.	4,315,841.	3,226,004.	1,089,837.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	2,590,768.	1,604,116.	986,652.	
10 Payroll taxes.	349,933.	256,168.	93,765.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.	6,979.		6,979.	
c Accounting.	45,850.		45,850.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	53,092.		53,092.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	55,537.	300.	55,237.	
12 Advertising and promotion.	23,802.	21,652.	2,150.	
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	105,000.	105,000.		
17 Travel.	2,341.	1,532.	809.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	135,525.		135,525.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,012,842.	926,958.	85,884.	
23 Insurance.	123,780.	118,605.	5,175.	
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>REPAIRS & MAINTENANCE</u>	718,335.	431,341.	286,994.	
b <u>SUPPLIES</u>	358,159.	331,387.	26,772.	
c <u>SERVICES</u>	267,161.	259,716.	7,445.	
d <u>UTILITIES</u>	122,504.	122,504.		
e All other expenses.	341,071.	273,827.	67,244.	
25 Total functional expenses. Add lines 1 through 24e.	10,928,500.	7,925,822.	3,002,678.	0.
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	4,677,939.	1	2,285,319.
	2	Savings and temporary cash investments	3,826,559.	2	2,618,690.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,564,547.	4	1,460,585.
	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	1,795,488.	8	1,031,915.
	9	Prepaid expenses and deferred charges	43,420.	9	50,797.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,547,388.		
	b	Less: accumulated depreciation	10b 19,355,029.		
			6,998,045.	10c	6,192,359.
	11	Investments — publicly traded securities	6,705,792.	11	10,512,158.
	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	36,499.	15	13,331.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	25,648,289.	16	24,165,154.	
Liabilities	17	Accounts payable and accrued expenses	1,233,689.	17	281,426.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	3,165,339.	23	3,057,531.
	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	8,928,823.	25	9,067,219.	
26	Total liabilities. Add lines 17 through 25	13,327,851.	26	12,406,176.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	12,320,438.	27	11,758,978.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	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.	12,320,438.	32	11,758,978.	
33	Total liabilities and net assets/fund balances.	25,648,289.	33	24,165,154.	

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	8,522,997.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,928,500.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,405,503.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,320,438.
5	Net unrealized gains (losses) on investments	5	1,844,043.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,758,978.

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 in Schedule O.		
2 a	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		
2 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 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.		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 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.		

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
--	---

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 or 990-EZ).)
- 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 in 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: 1
- 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) CSU, LONG BEACH	93-1150363	2			0.	0.
(B)						
(C)						
(D)						
(E)						
Total					0.	0.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
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 2020 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2020. 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. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2019. 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. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. 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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Rows: 15 Public support percentage for 2020; 16 Public support percentage from 2019 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Rows: 17 Investment income percentage for 2020; 18 Investment income percentage from 2019 Schedule A; 19a 33-1/3% support tests-2020; 19b 33-1/3% support tests-2019; 20 Private foundation.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	X	
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).		X
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.		X
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.		X
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).		X
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 .		X
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 or 990-EZ).		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).		X
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 .		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		X
c Did a disqualified person (as defined in 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 .		X
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.		X
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 in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

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>		
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>		

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>		

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?	X	
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>	X	
3 By reason of the relationship described in 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>		X

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 The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

SEE PART VI

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>		
b Did the activities described in 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>		
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>		
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>		

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).

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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 IV, SECTION E, LINE 1C - EXPLAIN HOW ORGANIZATION SUPPORTS GOVERNMENT ENTITY

THE ORGANIZATION'S MISSION IS TO ENHANCE AND SUPPORT THE EDUCATIONAL PROCESS OF CALIFORNIA STATE UNIVERSITY, LONG BEACH BY PROVIDING THE GOODS AND SERVICES TO PROMOTE A LEARNING COMMUNITY; BY TRAINING STUDENT EMPLOYEES WITH LIFE AND CAREER SKILLS; AND BY FUNDING SCHOLARSHIPS, INTERNSHIPS AND OTHER PROGRAMS THAT PROMOTE STUDENT SUCCESS.

DURING THE YEAR, THE ORGANIZATION PROVIDED ITS PROGRAM ACTIVITIES TO APPROXIMATELY 38,700 STUDENTS, 7,000 FACULTY AND STAFF AND EMPLOYED OVER 1,000 PART TIME STUDENTS. THE PROGRAM ACTIVITIES INCLUDE BOOKSTORE SERVICES, CONVENIENCE STORES, DINING SERVICES, UNIVERSITY PRINT SHOP, ID CARD SERVICES, AND STUDENT EMPLOYMENT SERVICES.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2020

Open to Public Inspection

Employer identification number

FORTY-NINER SHOPS, INC.

95-1782943

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

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?..... Yes No

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

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.

1 a 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.

1 a 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.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a 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 on 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
1 a 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%.

3 a 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
1 a Land.....				
b Buildings.....		21,593,015.	15,998,736.	5,594,279.
c Leasehold improvements.....				
d Equipment.....		46,735.	46,735.	0.
e Other.....		3,907,638.	3,309,558.	598,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				6,192,359.

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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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

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) ACCRUED LIABILITIES	734,528.
(3) ACCRUED PAYROLL	38,101.
(4) ACCRUED VACATION AND SICK PAY	1,340,176.
(5) PAYCHECK PROTECTION PROGRAM LOAN	2,000,000.
(6) PENSION OBLIGATION	4,506,552.
(7) REFUNDABLE CAMPUS DEBIT CARD DPSTS	447,862.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	9,067,219.

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	16,703,683.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a	1,844,043.	
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2d	6,389,735.	
	e Add lines 2a through 2d.....	2e		8,233,778.
3	Subtract line 2e from line 1.....		3	8,469,905.
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	53,092.	
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....	4c		53,092.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	8,522,997.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1	17,265,143.
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.) SEE PART XIII.....	2d	6,389,735.	
	e Add lines 2a through 2d.....	2e		6,389,735.
3	Subtract line 2e from line 1.....		3	10,875,408.
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	53,092.	
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....	4c		53,092.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	10,928,500.

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 XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

COST OF GOODS SOLD.....	\$ 6,389,735.
TOTAL	\$ 6,389,735.

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

COST OF GOODS SOLD.....	\$ 6,389,735.
TOTAL	\$ 6,389,735.

SCHEDULE I
(Form 990)

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 the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

FORTY-NINER SHOPS, INC.

Employer identification number

95-1782943

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.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CAL. STATE UNIV., LONG BEACH 1250 BELLFLOWER BLVD LONG BEACH, CA 90840	93-1150363	CA PUBLIC UNIVERSITY	89,033.	0.			VOL. PMT TO AFFILIATE ORG.
(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 1

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 07/15/20

Schedule I (Form 990) 2020

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						
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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2020

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

FORTY-NINER SHOPS, INC.

95-1782943

Part I Questions Regarding Compensation

1 a 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

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.

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
1 b		
2	X	
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a	X	
6 b		X
7		X
8		X
9		

Part I 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 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 ROBERT DEWIT CEO	(i) 220,931. (ii) 0. (iii) 0.	0. 0.	4,663. 0.	18,896. 0.	21,156. 0.	265,646. 0.	0. 0.
2 BETH LESEN VICE CHAIR	(i) 0. (ii) 0. (iii) 30.	0. 0.	0. 0.	36,274. 0.	11,894. 0.	170,207. 0.	0. 0.
3 TRACY RICHARDSON DIRECTOR	(i) 0. (ii) 750. (iii) 138.	0. 0.	0. 0.	61,822. 0.	9,521. 0.	293,699. 0.	0. 0.
4 WENDY REIBOLDT DIRECTOR	(i) 0. (ii) 1,200. (iii) 0.	0. 0.	0. 0.	46,132. 0.	26,744. 0.	243,823. 0.	0. 0.
5 PRAVEEN SONI DIRECTOR	(i) 0. (ii) 450. (iii) 0.	0. 0.	0. 0.	40,880. 0.	15,827. 0.	207,742. 0.	0. 0.
6 SCOTT APEL CHAIR/TREASURER	(i) 0. (ii) 0. (iii) 138.	0. 0.	0. 0.	76,930. 0.	26,793. 0.	357,099. 0.	0. 0.
7 CLINT CAMPBELL DIR OF CNTRCTS ADM	(i) 160,946. (ii) 0. (iii) 0.	0. 0.	1,885. 0.	15,085. 0.	21,156. 0.	199,072. 0.	0. 0.
8 ROSA HENDERSON HUMAN RESOURCE DIR	(i) 141,808. (ii) 0. (iii) 248.	0. 0.	0. 0.	13,484. 0.	21,792. 0.	177,332. 0.	0. 0.
9 ALFREDO MACIAS RESDNTRL DINING DIR	(i) 121,758. (ii) 0. (iii) 0.	0. 0.	220. 0.	8,457. 0.	29,940. 0.	160,375. 0.	0. 0.
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.

PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED ORGANIZATION

THE SHOPS HAD A FORMAL INCENTIVE COMPENSATION PLAN THAT WAS OFFICIALLY TERMINATED ON JULY 1, 2020. THE PLAN PAID IN ARREARS OF THE FISCAL YEAR REPORTED RESULTS AND SAW FINAL PAY OUT TO ALL ELIGIBLE PERSONNEL NOVEMBER 4, 2020.

PART III - ADDITIONAL INFORMATION

PART II, COLUMN B (II) BONUS & INCENTIVE COMPENSATION

THE SHOPS HAD A FORMAL INCENTIVE COMPENSATION PLAN THAT WAS OFFICIALLY TERMINATED ON JULY 1, 2020. THE PLAN PAID IN ARREARS OF THE FISCAL YEAR REPORTED RESULTS AND SAW FINAL PAY OUT TO ALL ELIGIBLE PERSONNEL IN NOVEMBER 4, 2020.

PART II, COLUMN B (III) OTHER REPORTABLE COMPENSATION

INCLUDES IMPUTED VALUE OF GROUP TERM LIFE INSURANCE GREATER THAN \$50,000

PART II, COLUMN (D) NONTAXABLE BENEFITS

NONTAXABLE BENEFITS INCLUDED IN COLUMN (D) ARE:

LIFE AND DISABILITY INSURANCE BENEFITS (NONTAXABLE)

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.

PART III - ADDITIONAL INFORMATION (CONTINUED)

GROUP HEALTH, DENTAL & VISION INSURANCE PREMIUMS PAID BY EMPLOYER

PRE-TAX HEALTH INSURANCE PREMIUMS PAID BY EMPLOYEE

PRE-TAX CONTRIBUTIONS TO DEPENDENT CARE REIMBURSEMENT ACCOUNT PAID BY EMPLOYEE

PRE-TAX CONTRIBUTIONS TO HEALTH CARE REIMBURSEMENT ACCOUNT PAID BY EMPLOYEE

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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FORTY-NINER SHOPS, INC.

Employer identification number

95-1782943

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION IS TO ENHANCE AND SUPPORT THE EDUCATIONAL PROCESS OF CALIFORNIA STATE UNIVERSITY, LONG BEACH BY PROVIDING THE GOODS AND SERVICES TO PROMOTE A LEARNING COMMUNITY; BY TRAINING STUDENT EMPLOYEES WITH LIFE AND CAREER SKILLS; AND BY FUNDING SCHOLARSHIPS, INTERNSHIPS AND OTHER PROGRAMS THAT PROMOTE STUDENT SUCCESS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION IS TO ENHANCE AND SUPPORT THE EDUCATIONAL PROCESS OF CALIFORNIA STATE UNIVERSITY, LONG BEACH BY PROVIDING THE GOODS AND SERVICES TO PROMOTE A LEARNING COMMUNITY; BY TRAINING STUDENT EMPLOYEES WITH LIFE AND CAREER SKILLS; AND BY FUNDING SCHOLARSHIPS, INTERNSHIPS AND OTHER PROGRAMS THAT PROMOTE STUDENT SUCCESS.

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

DURING THE YEAR, THE ORGANIZATION PROVIDED ITS PROGRAM ACTIVITIES TO APPROXIMATELY 39,300 STUDENTS, 7,000 FACULTY AND STAFF AND EMPLOYED ONLY AROUND 60 PART TIME STUDENTS.

THE PROGRAM ACTIVITIES INCLUDE:

BOOKSTORE SERVICES

THE SHOPS TAKE PRIDE IN PROVIDING RETAIL SERVICES TO THE CAMPUS THROUGH OUR:

- UNIVERSITY BOOKSTORE- WHERE STUDENTS CAN PURCHASE SCHOOL SUPPLIES, LOGO APPAREL, COMPUTERS, COURSE SUPPLIES AND TEXTBOOKS.
- ART STORE- WHERE STUDENTS CAN FIND EVERYTHING THEY NEED FOR ACADEMIC ART PROJECTS INCLUDING: PHOTOGRAPHY, PAINTING, DRAWING, CERAMICS, PRINT MAKING, AND GENERAL BOOKS.
- THE BEACH ON 2ND STREET- OFF CAMPUS CSULB RETAIL STORE IN BELMONT SHORE OFFERING LOGO APPAREL, GIFTS, AND MORE.

Name of the organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CONVENIENCE STORES

THE SHOPS OPERATE 4 CONVENIENCE STORES THAT ARE LOCATED THROUGHOUT THE CAMPUS. THE CONVENIENCE STORES OFFER GRAB'N'GO SANDWICHES, SOUPS, SNACKS, BEVERAGES, OVER THE COUNTER MEDICATION, AND BASIC SCHOOL SUPPLIES. THEY ARE LOCATED AT THE UNIVERSITY STUDENT UNION, BEACH HUT, BOOKSTORE, AND THE OUTPOST.

DINING SERVICES

THE SHOPS ALSO OPERATE DINING SERVICES THROUGHOUT THE CAMPUS INCLUDING:

- RESIDENTIAL DINING- ALL-YOU-CARE-TO-EAT DINING OPERATIONS ARE PROVIDED FOR STUDENTS LIVING IN THE TWO ON-CAMPUS RESIDENCE HALLS (PARKSIDE AND HILLSIDE) AND RESIDENTIAL LEARNING COLLEGE (BEACHSIDE) WHICH IS LOCATED OFF THE MAIN CAMPUS.
- UNIVERSITY DINING PLAZA- FOOD COURT THAT PROVIDES A WIDE VARIETY OF CUISINES AND BEVERAGE CHOICES, THE CHARTROOM RESTAURANT, AND THE NUGGET GRILL & PUB.
- OUTPOST GRILL, FOOD AND COFFEE AT THE LIBRARY, CONCESSIONS AT MOST ATHLETICS EVENTS, MOST PROMINENTLY AT THE WALTER PYRAMID AND BLAIR FIELD AND BEACH CATERING PROVIDING CATERING SERVICES THROUGHOUT CAMPUS.

UNIVERSITY PRINT

THE SHOPS PROVIDE PRINTING SERVICES TO CAMPUS THROUGH THE CAMPUS COPY CENTER, LOCATED IN THE UNIVERSITY BOOKSTORE AND IN PARTNERSHIP WITH THE UNIVERSITY THROUGH THE UNIVERSITY PRINT SHOP.

ID CARD SERVICES

THE SHOPS PROVIDE ID CARD SERVICES TO THE CAMPUS. THIS ID CARD ALSO DOUBLES AS A BEACH CLUB DEBIT CARD. STUDENTS CAN PUT MONEY ON THEIR BEACH CLUB CARD TO USE AT CAMPUS EATERIES, COMPUTER LABS, AND RETAIL LOCATIONS. THE BEACH CARD IS ALSO ACCEPTED

Name of the organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
---	--

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

BY CERTAIN RETAILERS OFF-CAMPUS.

STUDENT SUCCESS

AS ONE OF THE LARGEST EMPLOYERS OF STUDENTS ON CAMPUS, THE SHOPS ARE COMMITTED TO SUPPORTING STUDENT SUCCESS BY:

- TRAINING STUDENT EMPLOYEES WITH LIFE AND CAREER SKILLS;
- PROVIDING FLEXIBLE WORK SCHEDULES;
- FUNDING SCHOLARSHIPS;
- PROVIDING INTERNSHIPS; AND
- SUPPORTING PROGRAMS THAT PROMOTE STUDENT SUCCESS.

PLEASE NOTE THAT DUE TO THE COVID-19 PANDEMIC THE SHOPS WAS FORCED TO CLOSE THE MAJORITY OF ITS OPERATIONS STARTING MARCH 18, 2020 THROUGH THE END OF THE FISCAL YEAR ENDING JUNE 30, 2021. ALL RETAIL DINING OUTLETS REMAINED CLOSED INCLUDING CONCESSIONS AND CAMPUS CATERING FOR THE YEAR. RESIDENTIAL DINING WAS LIMITED TO SUPPORTING AROUND 200 STUDENTS. RETAIL STORES WERE OPEN DURING THE YEAR WITH LIMITED FOOT TRAFFIC AND SEEING A SHIFT TOWARD WEB SALES.

FORM 990, PART VI, LINE 1A - EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE

THE BOARD HAS PREVIOUSLY DELEGATED THE REVIEW OF THE FORM 990 TO THE FINANCE COMMITTEE.

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS

SCOTT APEL
1250 BELLFLOWER BLVD.
LONG BEACH, CA 90815

BETH LESEN

Name of the organization

Employer identification number

FORTY-NINER SHOPS, INC.

95-1782943

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)

1250 BELLFLOWER BLVD.

LONG BEACH, CA 90815

TRACY RICHARDSON

1250 BELLFLOWER BLVD.

LONG BEACH, CA 90815

WENDY REIBOLDT

1250 BELLFLOWER BLVD.

LONG BEACH, CA 90815

PRAVEEN SONI

1250 BELLFLOWER BLVD.

LONG BEACH, CA 90815

OMAR PRUDENCIO GONZALEZ

1212 BELLFLOWER BLVD.

LONG BEACH, CA 90815

MAYTHE ALDERETE GONZALEZ

1212 BELLFLOWER BLVD.

LONG BEACH, CA 90815

ADRIANA ANDRADE ROGRIGUEZ

1212 BELLFLOWER BLVD.

LONG BEACH, CA 90815

Name of the organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS FORMALLY PRESENTED BY THE EXTERNAL AUDIT FIRM TO THE FINANCE COMMITTEE. THE COMMITTEE REVIEWS AND APPROVES THE FORM 990 UNDER DELEGATED AUTHORITY FROM THE BOD WITH COPIES PROVIDED TO ALL MEMBERS.

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

WITH THE ADVENT OF A NEW BOARD AT THE BEGINNING OF EACH FISCAL YEAR, BOTH NEW AND RETURNING BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM PER BOD POLICY GUIDELINES.

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

UNDER GUIDANCE OF THE PERSONNEL COMMITTEE A FORMAL COMPANY WIDE COMPENSATION STUDY IS CONDUCTED EVERY 3-5 YEARS. THIS WAS PREVIOUSLY DONE IN 2017-2018 BY EMPLOYERS GROUP ALONG WITH AN AOA CONSTITUENT REVIEW.

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

UNDER GUIDANCE OF THE PERSONNEL COMMITTEE A FORMAL COMPANY WIDE COMPENSATION STUDY IS CONDUCTED EVERY 3-5 YEARS. THIS WAS PREVIOUSLY DONE IN 2017-2018 BY EMPLOYERS GROUP ALONG WITH AN AOA CONSTITUENT REVIEW.

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

AVAILABLE UPON REQUEST AND IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.CSULB.EDU/EXPLORE/49ER-SHOPS-BEACH

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization: **FORTY-NINER SHOPS, INC.**
Employer identification number: **95-1782943**

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) -----					
(2) -----					
(3) -----					

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) CALIFORNIA STATE UNIVERSITY, LONG 1250 BELLFLOWER BLVD. LONG BEACH, CA 90840 93-1150363	PUBLIC UNIVERSITY	CA			N/A		X
(2) -----							
(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	
(1) -----												
(2) -----												
(3) -----												

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) -----									
(2) -----									
(3) -----									

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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) CALIFORNIA STATE UNIVERSITY, LONG BEACH	B	89,033.FMV	
(2) CALIFORNIA STATE UNIVERSITY, LONG BEACH	K	317,167.FMV	
(3) CALIFORNIA STATE UNIVERSITY, LONG BEACH	P	317,935.FMV	
(4) CALIFORNIA STATE UNIVERSITY, LONG BEACH	Q	3,415,586.FMV	
(5)			
(6)			

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.

**California Exempt Organization
Business Income Tax Return**

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 7/01/2020, and ending (mm/dd/yyyy) 6/30/2021

Corporation/Organization name FORTY-NINER SHOPS, INC.		California corporation number 0280702	
Additional information. See instructions.		FEIN 95-1782943	
Street address (suite/room no.) 6049 EAST SEVENTH STREET		PMB no.	
City (If the corporation has a foreign address, see instructions.) LONG BEACH		State CA	ZIP code 90840
Foreign country name	Foreign province/state/county	Foreign postal code	

<p>A First return filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Is this an education IRA within the meaning of R&TC Section 23712? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date (mm/dd/yyyy) _____</p> <p>E Amended return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F Accounting method used: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>G Nature of trade or business <u>OFF CAMPUS STORE SELL</u></p>	<p>H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Is this organization claiming any former: Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Unrelated Business Activity (UBA) code. 452000</p> <p>L Is this a hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach federal Schedule H (Form 990)</p>
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Taxable Corporation	1 Unrelated business taxable income from Page 2, Part II, line 30.	1	-678,055.
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions.	2	
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.	3	-678,055.
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30.	4	
Tax Computation	5 Unrelated business taxable income from line 3 or line 4.	5	
	6 EZ, LAMBRA, or TTA NOL carryover deduction.	6	
	7 Net Operating Loss deduction. See General Information N.	7	
	8 Add line 6 and line 7.	8	
	9 Net unrelated business taxable income. Subtract line 8 from line 5.	9	
	10 Tax _____ % x line 9. See General Information J.	10	
	11 Tax credits from Schedule B. See instructions.	11	
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.....	12	0.
	13 Alternative minimum tax. See General Information O.	13	
	14 Total tax. Add line 12 and line 13.	14	
Payments	15 Overpayment from a prior year allowed as a credit.	15	
	16 2020 estimated tax payments. See instructions.	16	
	17 Withholding (Form 592-B and/or 593). See instructions.	17	
	18 Amount paid with extension (form FTB 3539).	18	
	19 Total payments and credits. Add line 15 through line 18.	19	
Use Tax/ Tax Due/ Overpayment	20 Use tax. See instructions.	20	
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.	21	
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.	22	
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.	23	
	24 Overpayment. Subtract line 14 from line 21. See instructions.	24	
	25 Enter amount of line 24 to be applied to 2021 estimated tax.	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. <input checked="" type="checkbox"/>	26	
	a Fill in the account information to have the refund directly deposited. Routing number <input checked="" type="checkbox"/>	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number. <input checked="" type="checkbox"/>	26c	
	27 Penalties and interest. See General Information M. <input checked="" type="checkbox"/>	27	
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24. <input checked="" type="checkbox"/>	29		

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>809,512</u> b Less returns and allowances _____ c Balance <input checked="" type="checkbox"/>	1c	809,512.
2 Cost of goods sold and/or operations (Schedule A, line 7). <input checked="" type="checkbox"/>	2	169,459.
3 Gross profit. Subtract line 2 from line 1c. <input checked="" type="checkbox"/>	3	640,053.
4a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541). <input checked="" type="checkbox"/>	4a	
b Net gain (loss) from Part II, Schedule D-1. <input checked="" type="checkbox"/>	4b	
c Capital loss deduction for trusts. <input checked="" type="checkbox"/>	4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule. <input checked="" type="checkbox"/>	5	
6 Rental income (Schedule C). <input checked="" type="checkbox"/>	6	
7 Unrelated debt-financed income (Schedule D). <input checked="" type="checkbox"/>	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E). <input checked="" type="checkbox"/>	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F). <input checked="" type="checkbox"/>	9	
10 Exploited exempt activity income (Schedule G). <input checked="" type="checkbox"/>	10	
11 Advertising income (Schedule H, Part III, Column A). <input checked="" type="checkbox"/>	11	
12 Other income. Attach schedule. <input checked="" type="checkbox"/>	12	
13 Total unrelated trade or business income. Add line 3 through line 12. <input checked="" type="checkbox"/>	13	640,053.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I. <input checked="" type="checkbox"/>	14	
15 Salaries and wages. <input checked="" type="checkbox"/>	15	587,381.
16 Repairs. <input checked="" type="checkbox"/>	16	33,791.
17 Bad debts. <input checked="" type="checkbox"/>	17	-8.
18 Interest. Attach schedule. <input checked="" type="checkbox"/>	18	
19 Taxes. Attach schedule. <input checked="" type="checkbox"/>	19	
20 Contributions. See instructions and attach schedule. <input checked="" type="checkbox"/>	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F). <input checked="" type="checkbox"/>	21a	9,540.
b Less: depreciation claimed on Schedule A. See instructions. <input checked="" type="checkbox"/>	21b	
22 Depletion. Attach schedule. <input checked="" type="checkbox"/>	22	9,540.
23a Contributions to deferred compensation plans. <input checked="" type="checkbox"/>	23a	
b Employee benefit programs. See instructions. <input checked="" type="checkbox"/>	23b	439,499.
24 Other deductions. Attach schedule. <u>SEE STATEMENT 1</u> <input checked="" type="checkbox"/>	24	247,905.
25 Total deductions. Add line 14 through line 24. <input checked="" type="checkbox"/>	25	1,318,108.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. <input checked="" type="checkbox"/>	26	-678,055.
27 Excess advertising costs (Schedule H, Part III, Column B). <input checked="" type="checkbox"/>	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. <input checked="" type="checkbox"/>	28	-678,055.
29 Specific deduction. See instructions. <input checked="" type="checkbox"/>	29	
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. <input checked="" type="checkbox"/>	30	-678,055.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Sign Here	Signature of officer	Title <u>Gm/CEO</u>	Date <u>11/12/21</u>	Telephone <u>562 985-5093</u>
	Preparer's signature	Date <u>11/16/21</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P00048565</u>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			Firm's FEIN
	<u>GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS</u> <u>4510 E. PACIFIC COAST HIGHWAY, SUITE 270</u> <u>LONG BEACH, CA 90804</u>			<u>33-0302407</u> Telephone <u>(562) 498-0997</u>

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

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) LCM BY CONVENTIONAL RETAIL INV. METHOD

Table with 7 rows for Schedule A. Line 7: 169,459. Do the rules of IRC Section 263A apply to this organization? [] Yes [X] No

Schedule B Tax Credits.

Table with 4 rows for Schedule B. Line 4: Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Page 1, line 11.

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

Table with 5 rows for Schedule K. Line 5: Total. Combine the amounts on line 1 through line 4. See instructions.

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

Table with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California [(b) ÷ (a)] x 100. Row 1: Total sales. Row 2: Apportionment percentage.

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

Table with 4 columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California [(b) ÷ (a)] x 100. Rows 1-4: Property factor, Payroll factor, Sales factor, Total percentage.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

Table with 3 columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property. Includes rows for 4 and 5 with sub-columns (a) through (c).

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals.....						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.

Part III Column A -- Net Advertising Income

Part III Column B -- Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Page 2, Part I, line 11.....		Enter total here and on Page 2, Part II, line 27.....	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Page 2, Part II, line 14.....					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below).....						
2 Other depreciation:	SEE ATTACHED DEPRECIATION SCHEDULE					
Buildings.....						
Furniture and fixtures.....						
Transportation equipment...						
Machinery and other equipment.....						
Other (specify).....						
3 Other depreciation.....						
4 Total.....						2,670.
5 Amount of depreciation claimed elsewhere on return.....						
6 Balance. Subtract line 5 from line 4. Enter here and on Page 2, Part II, line 21a.....						9,540.

2020

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name: FORTY-NINER SHOPS, INC. California corporation number: 0280702. FEIN: 95-1782943.

During the taxable year the corporation incurred the NOL, the corporation was a(n): [X] Exempt organization

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

Table with 6 rows for NOL calculation. Line 1: 678,055. Line 2: 678,055. Line 3: 678,055. Line 4a: 678,055. Line 4b: 678,055. Line 4c: 678,055. Line 5: 678,055. Line 6: 678,055.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

Table for Net income and Available balance. Net income: 678,055. Available balance: 678,055.

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2019, (f) Amount used in 2020, (g) Available balance, (h) Carryover to 2021. Rows for 2008, 2009, 2010, 2016.

Current Year NOLs

Table with 8 columns for Current Year NOLs. Row 3: 2020, DIS, 0, 0, 0, 0, 0. Row 4: 2020, ESB, 678,055, 0, 0, 0, 678,055.

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2020 NOL deduction

Table with 3 rows for NOL deduction. Line 1: 0. Line 2: 0. Line 3: 0.

2020

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations – Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

CONTINUATION SHEET PAGE 2

Corporation name

California corporation number

FORTY-NINER SHOPS, INC.

0280702

During the taxable year the corporation incurred the NOL, the corporation was a(n):

FEIN

95-1782943

Options for S corporation, Exempt organization, and Limited liability company.

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

- 1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number.
2 2020 disaster loss included in line 1. Enter as a positive number.
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.
4a Enter the amount of the loss incurred by a new business included in line 3.
4b Enter the amount of the loss incurred by an eligible small business included in line 3.
4c Add line 4a and line 4b.
5 General NOL. Subtract line 4c from line 3.
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-) If the corporation taxable income is \$1,000,000 or more, see instructions.

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2019, (f) Amount used in 2020, (g) Available balance, (h) Carryover to 2021. Rows for 2017, 2018, 2019.

Current Year NOLs

Table with 8 columns: (a) Year, (b) Code, (c) Type of NOL, (d) Initial loss, (e) Carryover from 2019, (f) Amount used in 2020, (g) Available balance, (h) Carryover to 2021. Row for 2020 with DIS code.

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2020 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f).
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-.
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7.

**STATEMENT 1
FORM 109, PART II, LINE 24
OTHER EXPENSES**

ADVERTISING & PROMOTION	\$	2,325.
BANK & MERCHANT FEES		5,661.
BOARD		1,200.
COMMISSIONS		23,202.
DONATIONS		832.
DUES AND SUBSCRIPTIONS		2,569.
EMPLOYEE APPRECIATION		15.
EQUIPMENT RENTAL		2,503.
FREIGHT & POSTAGE		39.
GENERAL		4,807.
INSURANCE		2,329.
POSTAGE		60.
PROFESSIONAL SERVICES		8,507.
RENT		82,800.
SERVICES		47,211.
SUBSCRIPTION & DUES		740.
SUPPLIES		53,810.
TELEPHONE/DATA LINES		7,529.
TRAINING		826.
TRAVEL		615.
UTILITIES		325.
TOTAL	\$	<u>247,905.</u>