

Return of Organization Exempt From Income Tax

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

2021

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 **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	FORTY-NINER SHOPS, INC. 6049 EAST SEVENTH STREET LONG BEACH, CA 90840	95-1782943		
<input type="checkbox"/> Name change		E Telephone number		
<input type="checkbox"/> Initial return		562 985-5093		
<input type="checkbox"/> Final return/terminated		G Gross receipts \$	33,805,760.	
<input type="checkbox"/> Amended return		F Name and address of principal officer:	H(a) Is this a group return for subordinates?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Application pending	GORDON COPLEY SAME AS C ABOVE	H(b) Are all subordinates included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.SHOPTHEBEACH.COM		L Year of formation: 1953 M State of legal domicile: CA		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
Activities & Governance	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 2021 (Part V, line 2a)	5	453
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	224,724.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,000,000.	2,000,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,490,571.	1,937,608.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,146,062.	366,262.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,886,364.	14,417,289.
		8,522,997.	18,721,159.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	89,033.	70,891.
	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)	7,467,489.	11,517,724.
	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)	3,371,978.	5,096,631.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,928,500.	16,685,246.
19 Revenue less expenses. Subtract line 18 from line 12	-2,405,503.	2,035,913.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	24,165,154.	22,900,172.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,406,176.	6,072,860.
		11,758,978.	16,827,312.

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

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 \$ 12,306,666. including grants of \$ 70,891.) (Revenue \$ 1,937,608.)

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 12,306,666.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
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 on line 1a. Enter -0- if not applicable.....		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

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

		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 453		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	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? 3a	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. 3b	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)? 4a		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? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	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? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
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? 12a		
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? 14a		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? 15		X
If 'Yes,' see the 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? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year. 10; 1b Enter the number of voting members included on line 1a, above, who are independent. 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; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? X.

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

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

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.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records 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 the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH LESEN VICE CHAIR	2 40	X		X				0.	276,243.	96,542.
(2) SCOTT APEL CHAIR/TREASURER	2 40	X		X				0.	252,510.	103,389.
(3) TRACY RICHARDSON DIRECTOR	2 40	X						0.	187,470.	59,329.
(4) WENDY REIBOLDT DIRECTOR	2 40	X						0.	165,620.	70,624.
(5) ROBERT DEWIT CEO	40 0			X				188,300.	0.	41,168.
(6) PRAVEEN SONI DIRECTOR	2 40	X						0.	171,891.	50,188.
(7) CLINT CAMPBELL DIR OF CNTRCTS ADM	40 0					X		150,532.	0.	37,224.
(8) ROSA HENDERSON HUMAN RESOURCE DIR	40 0					X		142,173.	0.	37,407.
(9) ALFREDO MACIAS RESDNLT DINING DIR	40 0					X		118,551.	0.	38,694.
(10) CYNTHIA FARRINGTON DIR. OF BOOKSTORE	40 0					X		116,108.	0.	34,246.
(11) MAJID ZAHEDI IT MANAGER	40 0					X		100,945.	0.	26,023.
(12) MILTON ORDONEZ DIRECTOR	2 40	X						0.	1,708.	230.
(13) JESUS GONZALEZ DIRECTOR	2 0	X						0.	0.	0.
(14) LINDSAY APAZA 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN BARCELONA DIRECTOR	2 0	X						0.	0.	0.
(16) JEREMY HARRIS DIRECTOR	2 0	X						0.	0.	0.
(17) ISAAC JULIAN DIRECTOR	2 0	X						0.	0.	0.
(18) GENESIS JARA DIRECTOR	2 0	X						0.	0.	0.
(19) JEANA YOUNG DIRECTOR	2 0	X						0.	0.	0.
(20) DIAMOND BYRD DIRECTOR	2 0	X						0.	0.	0.
(21) MITALI JAIN DIRECTOR	0 0	X						0.	0.	0.
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								816,609.	1,055,442.	595,064.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								816,609.	1,055,442.	595,064.
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	2 a <u>CNTRCTD ENTERPRISE REV.</u>		Business Code			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,937,608.	1,937,608.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		259,695.		259,695.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(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	(i) Securities	7 a 4,589,392.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	7 b 4,482,825.			
		c Gain or (loss)	7 c 106,567.			
	d Net gain or (loss)		106,567.		106,567.	
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 25006256.				
	b Less: cost of goods sold	10 b 10601776.				
	c Net income or (loss) from sales of inventory		14,404,480.	14,179,756.	224,724.	
Miscellaneous Revenue	11 a <u>IMPUTED INTEREST</u>		Business Code			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		12,809.		12,809.	
12 Total revenue. See instructions		18,721,159.	16,117,364.	224,724.	379,071.	

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	70,891.	70,891.		
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	266,026.	217,770.	48,256.	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	7,013,159.	5,741,011.	1,272,148.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,776,891.	1,668,705.	2,108,186.	
10 Payroll taxes	461,648.	350,812.	110,836.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,864.		6,864.	
c Accounting	52,985.		52,985.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	44,411.		44,411.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	79,001.	19,259.	59,742.	
12 Advertising and promotion	35,068.	30,219.	4,849.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	105,000.	105,000.		
17 Travel	3,864.	3,834.	30.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	130,608.		130,608.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	861,667.	811,308.	50,359.	
23 Insurance	136,912.	131,193.	5,719.	
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>COMMISSIONS</u>	925,163.	925,163.		
b <u>REPAIRS & MAINTENANCE</u>	789,447.	501,489.	287,958.	
c <u>SUPPLIES</u>	632,596.	584,315.	48,281.	
d <u>SERVICES</u>	417,512.	406,221.	11,291.	
e All other expenses	875,533.	739,476.	136,057.	
25 Total functional expenses. Add lines 1 through 24e	16,685,246.	12,306,666.	4,378,580.	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.....	2,285,319.	1	1,911,810.
	2 Savings and temporary cash investments.....	2,618,690.	2	3,051,120.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....	1,460,585.	4	1,738,205.
	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.....	1,031,915.	8	1,073,158.
	9 Prepaid expenses and deferred charges.....	50,797.	9	18,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 25,539,565.		
	b Less: accumulated depreciation.....	10b 20,140,459.	6,192,359.	10c 5,399,106.
	11 Investments – publicly traded securities.....	10,512,158.	11	8,640,025.
	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.....	13,331.	15	1,067,851.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	24,165,154.	16	22,900,172.	
Liabilities	17 Accounts payable and accrued expenses.....	281,426.	17	516,448.
	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.....	3,057,531.	23	2,944,722.
	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.....	9,067,219.	25	2,611,690.
	26 Total liabilities. Add lines 17 through 25.....	12,406,176.	26	6,072,860.
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.....	11,758,978.	27	16,827,312.
	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.....	11,758,978.	32	16,827,312.	
33 Total liabilities and net assets/fund balances.....	24,165,154.	33	22,900,172.	

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	18,721,159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,685,246.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,035,913.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,758,978.
5	Net unrealized gains (losses) on investments	5	-2,280,375.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	5,312,796.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,827,312.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	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			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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)

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

2021

Open to Public Inspection

Name of the organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>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.</i>	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)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		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? <i>If 'Yes,' provide detail in Part VI.</i>		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? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		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))? <i>If 'Yes,' provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		X
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		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)? <i>If 'Yes,' answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>		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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

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).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

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 39,300 STUDENTS, 7,000 FACULTY AND STAFF AND EMPLOYED OVER 60 PART TIME STUDENTS. THE PROGRAM ACTIVITIES INCLUDE BOOKSTORE SERVICES, CONVENIENCE STORES, DINING SERVICES, UNIVERSITY PRINT SHOP, ID CARD SERVICES, AND STUDENT EMPLOYMENT SERVICES.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

FORTY-NINER SHOPS, INC.

Employer identification number

95-1782943

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMALL BUSINESS ADMINISTRATION 409 3RD STREET WASHINGTON, DC 20416	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	
-----	----- ----- -----	\$-----	

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

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

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FORTY-NINER SHOPS, INC.

Employer identification number

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? Yes 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? Yes 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).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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		19,351,278.	14,497,539.	4,853,739.
c Leasehold improvements				
d Equipment		46,735.	46,735.	0.
e Other		6,141,552.	5,596,185.	545,367.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,399,106.

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	309,422.
(3) ACCRUED PAYROLL	92,110.
(4) ACCRUED VACATION AND SICK PAY	1,465,822.
(5) REFUNDABLE CAMPUS DEBIT CARD DPSTS	744,336.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,611,690.

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	26,998,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-2,280,375.	
	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	10,601,776.	
	e Add lines 2a through 2d	2e		8,321,401.
3	Subtract line 2e from line 1		3	18,676,748.
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	44,411.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		44,411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	18,721,159.

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	27,242,611.
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	10,601,776.	
	e Add lines 2a through 2d	2e		10,601,776.
3	Subtract line 2e from line 1		3	16,640,835.
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	44,411.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		44,411.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	16,685,246.

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 \$ 10,601,776.
TOTAL \$ 10,601,776.

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

COST OF GOODS SOLD \$ 10,601,776.
TOTAL \$ 10,601,776.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAL. STATE UNIV., LONG BEACH 1250 BELLFLOWER BLVD LONG BEACH, CA 90840	93-1150363		70,891.	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

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

2021

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FORTY-NINER SHOPS, INC.

Employer identification number

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.

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		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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				(C) Retirement and other deferred compensation
1 ROBERT DEWIT CEO	(i)	185,862.	0.	2,438.	20,408.	20,760.	229,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BETH LESEN VICE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	246,153.	0.	30,090.	71,841.	24,701.	372,785.	0.
3 TRACY RICHARDSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	187,343.	0.	127.	50,259.	9,070.	246,799.	0.
4 WENDY REIBOLDT DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	151,636.	13,984.	0.	41,943.	28,681.	236,244.	0.
5 PRAVEEN SONI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	170,991.	900.	0.	39,673.	10,515.	222,079.	0.
6 SCOTT APEL CHAIR/TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	252,252.	0.	258.	74,660.	28,729.	355,899.	0.
7 CLINT CAMPBELL DIR OF CNTRCTS ADM	(i)	148,109.	0.	2,423.	16,464.	20,760.	187,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ROSA HENDERSON HUMAN RESOURCE DIR	(i)	141,873.	0.	300.	16,024.	21,383.	179,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ALFREDO MACIAS RESDNLT DINING DIR	(i)	118,321.	0.	230.	9,318.	29,376.	157,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CYNTHIA FARRINGTON DIR. OF BOOKSTORE	(i)	114,587.	0.	1,521.	13,486.	20,760.	150,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

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

INCLUDES FACULTY STIPENDS.

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)

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

FORTY-NINER SHOPS, INC.

Employer identification number

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

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

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

POST RETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC COST.....	\$ 5,312,796.
TOTAL	<u>\$ 5,312,796.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1 a		X
1 b	X	
1 c		X
1 d		X
1 e		X
1 f		X
1 g		X
1 h		X
1 i		X
1 j		X
1 k	X	
1 l		X
1 m		X
1 n		X
1 o		X
1 p	X	
1 q	X	
1 r		X
1 s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE UNIVERSITY, LONG BEACH	B	70,891	FMV
(2) CALIFORNIA STATE UNIVERSITY, LONG BEACH	K	488,582	FMV
(3) CALIFORNIA STATE UNIVERSITY, LONG BEACH	P	375,333	FMV
(4) CALIFORNIA STATE UNIVERSITY, LONG BEACH	Q	5,773,987	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.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2021

For calendar year 2021 or other tax year beginning 7/01, 2021, and ending 6/30, 2022

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>FORTY-NINER SHOPS, INC. 6049 EAST SEVENTH STREET LONG BEACH, CA 90840</p>	<p>D Employer identification number</p> <p>95-1782943</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
		<p>C Book value of all assets at end of year. ▶ <u>22,900,172.</u></p>	
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ <u>1</u></p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation ▶</p>			
<p>L The books are in care of ▶ <u>CONTROLLER 6049 EAST SEVENTH STREET LONG BEACH CA 90840</u> telephone number ▶ <u>562 985-5549</u></p>			

Part I Total Unrelated Business Taxable Income	Line	Amount
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	6,247.
2 Reserved	2	
3 Add lines 1 and 2	3	6,247.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	6,247.
6 Deduction for net operating loss. See instructions SEE ST 1	6	6,247.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation	Line	Amount
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		0.
2 Subtract line 1e from Part II, line 7	2		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ...	6g		
7 Total payments. Add lines 6a through 6g	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	<input type="checkbox"/>	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> \$ _____ 0.		
4 Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ <u>77,704</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
<u>452000</u>	\$	<u>317,698</u>
-----	\$	-----
-----	\$	-----
-----	\$	-----
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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.		
		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer _____ Date _____	Title _____	
Paid Preparer Use Only	Print/Type preparer's name MARK GRAY, CPA	Preparer's signature 	Date _____
	Firm's name <input type="checkbox"/> GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS	Firm's EIN <input type="checkbox"/> 33-0302407	Check <input type="checkbox"/> if self-employed
	Firm's address <input type="checkbox"/> 4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804	Phone no. (562) 498-0997	PTIN P00048565

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Name of the organization FORTY-NINER SHOPS, INC.	B Employer identification number 95-1782943
C Unrelated business activity code (see instructions) ▶ 452000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ OFF CAMPUS STORE SELLS CSULB LOGO MERCHNDSE

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>416,303.</u>			
b	Less returns and allowances <u> </u> c Balance ▶	1c 416,303.		
2	Cost of goods sold (Part III, line 8).....	2 191,579.		
3	Gross profit. Subtract line 2 from line 1c.....	3 224,724.		224,724.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions.....	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions.....	4b		
c	Capital loss deduction for trusts.....	4c		
5	Income (loss) from a partnership or an S corporation (attach statement).....	5		
6	Rent income (Part IV).....	6		
7	Unrelated debt-financed income (Part V).....	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI).....	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).....	9		
10	Exploited exempt activity income (Part VIII).....	10		
11	Advertising income (Part IX).....	11		
12	Other income (see instructions; attach statement).....	12		
13	Total. Combine lines 3 through 12.....	13 224,724.		224,724.

Part II	Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X).....	1	
2	Salaries and wages.....	2	111,846.
3	Repairs and maintenance.....	3	6,313.
4	Bad debts.....	4	7.
5	Interest (attach statement). See instructions.....	5	
6	Taxes and licenses.....	6	
7	Depreciation (attach Form 4562). See instructions.....	7	838.
8	Less depreciation claimed in Part III and elsewhere on return.....	8a	
		8b	838.
9	Depletion.....	9	
10	Contributions to deferred compensation plans.....	10	
11	Employee benefit programs.....	11	-37,364.
12	Excess exempt expenses (Part VIII).....	12	
13	Excess readership costs (Part IX).....	13	
14	Other deductions (attach statement)..... SEE STATEMENT 2	14	111,848.
15	Total deductions. Add lines 1 through 14.....	15	193,488.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C).....	16	31,236.
17	Deduction for net operating loss. See instructions..... SEE STATEMENT 3	17	24,989.
18	Unrelated business taxable income. Subtract line 17 from line 16.....	18	6,247.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ► LCM BY CONVENTIONAL RETAIL INV. METHOD

1	Inventory at beginning of year	1	42,608.
2	Purchases	2	196,727.
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	239,335.
7	Inventory at end of year	7	47,756.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	191,579.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A).	_____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B).	_____			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	_____			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	_____			
11 Total dividends-received deductions included in line 10	_____			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)..... ▶				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)..... ▶				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.				
5 Readership costs				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13..... ▶				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1..... ▶			

Part XI Supplemental Information (see instructions)

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

2021

Attachment
Sequence No. **179**

Name(s) shown on return

FORTY-NINER SHOPS, INC.

Identifying number

95-1782943

Business or activity to which this form relates

FORM 4562 ONLY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	838.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	838.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**STATEMENT 1
FORM 990-T, PART I, LINE 6
NET OPERATING LOSS DEDUCTION**

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR		77,704.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	6,247.	
TOTAL PRE-2018 NOLS APPLIED	0.	6,247.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		45,352.

**STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS**

ADVERTISING/PROMOTION.....	\$	3,060.
BANKCARD FEES.....		7,092.
BOARD.....		614.
DONATIONS.....		462.
DUES AND SUBSCRIPTIONS.....		157.
EMPLOYEES' APPRECIATION.....		15.
EQUIPMENT RENTAL.....		38.
FREIGHT OUT/POSTAGE.....		31.
GENERAL.....		1,557.
INSURANCE.....		2,437.
PROFESSIONAL SERVICES.....		2,152.
RENT.....		82,800.
SERVICES.....		2,287.
SUPPLIES.....		3,165.
TELEPHONE.....		4,209.
TRAINING.....		65.
TRAVEL.....		377.
UTILITIES.....		1,330.
	TOTAL \$	<u>111,848.</u>

**STATEMENT 3
SCHEDULE A, PART II, LINE 17
NET OPERATING LOSS DEDUCTION**

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/19	\$ 36,722.	\$ 0.	\$ 36,722.
6/30/20	235,272.	0.	235,272.
6/30/21	45,704.	0.	45,704.
NET OPERATING LOSS AVAILABLE.....			\$ 317,698.
TAXABLE INCOME.....			\$ 31,236.
80% OF TAXABLE INCOME.....			\$ 24,989.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ <u>24,989.</u>

FORTY-NINER SHOPS, INC.

95-1782943

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	1,031,915.
2. PURCHASES.....	10,643,019.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>11,674,934.</u>
7. INVENTORY AT END OF YEAR.....	<u>1,073,158.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>10,601,776.</u></u>

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	12,306,666.	12,306,666.	PART IX, LINE 25, COL. B
GRANTS	70,891.	70,891.	PART IX, LINES 1-3, COL. B
REVENUE	1,937,608.	1,937,608.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER PROFESSIONAL SERVICES	79,001.	19,259.	59,742.	
TOTAL	<u>\$ 79,001.</u>	<u>\$ 19,259.</u>	<u>\$ 59,742.</u>	<u>\$ 0.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	-70.	-70.		
BANK & CREDIT CARD FEES	249,193.	232,555.	16,638.	
BOARD EXPENSES	36,852.		36,852.	
DISCOUNTS AND MARKDOWNS	2,019.	2,019.		
DONATIONS	37,587.	9,818.	27,769.	
DUES & SUBSCRIPTIONS	25,375.	15,919.	9,456.	
EMPLOYEES' APPRECIATION	7,795.	6,900.	895.	
GENERAL EXPENSES	91,826.	83,262.	8,564.	
POSTAGE AND SHIPPING	-36,671.	-38,547.	1,876.	
RENTAL EQUIPMENT	46,138.	43,859.	2,279.	
ROYALTIES & COMMISSIONS	98,539.	98,539.		
TELEPHONE & DATA LINES	70,395.	42,579.	27,816.	
TRAINING	31,399.	27,487.	3,912.	
UTILITIES	215,156.	215,156.		
TOTAL	<u>\$ 875,533.</u>	<u>\$ 739,476.</u>	<u>\$ 136,057.</u>	<u>\$ 0.</u>

COMPUTATION OF COST OF GOODS SOLD (FORM 990-T)

1. INVENTORY AT START OF YEAR.....	42,608.
2. PURCHASES.....	196,727.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>239,335.</u>
7. INVENTORY AT END OF YEAR.....	<u>47,756.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>191,579.</u></u>

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.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 4562 ONLY																
1	VARIOUS EQUIPMENT-2ND STREE	VARIOUS		29,013							29,013	26,190	S/L	7		838
	TOTAL			29,013		0	0	0	0	0	29,013	26,190				838
	TOTAL DEPRECIATION			<u>29,013</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,013</u>	<u>26,190</u>				<u>838</u>
	GRAND TOTAL DEPRECIATION			<u>29,013</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,013</u>	<u>26,190</u>				<u>838</u>

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022. Corporation/Organization name FORTY-NINER SHOPS, INC. California corporation number 0280702. FEIN 95-1782943. Street address (suite or room) 6049 EAST SEVENTH STREET. City LONG BEACH State CA Zip code 90840. Foreign country name Foreign province/state/county Foreign postal code

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending? Date filed with IRS 11/13/1953

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 18,721,159.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-15) and Balance due (16). Total balance due is 0.

Sign Here. Under penalties of perjury, I declare that I prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Signature of officer, Title, Date, Telephone 562-985-5093.

Paid Preparer's Use Only. Preparer's signature, Date, Check if self-employed, Firm's name GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS, 4510 E. PACIFIC COAST HIGHWAY, SUITE 270, LONG BEACH, CA 90804. Firm's FEIN P00048565, Telephone (562) 498-0997.

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

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	25,006,256.
	2	Interest	2	
	3	Dividends	3	259,695.
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	4,589,392.
	7	Other income. Attach schedule. SEE STATEMENT 1	7	1,950,417.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	31,805,760.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	9	70,891.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	266,026.
	12	Other salaries and wages	12	7,013,159.
	13	Interest	13	130,608.
	14	Taxes	14	461,648.
	15	Rents	15	105,000.
	16	Depreciation and depletion (See instructions)	16	861,667.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	7,776,247.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	16,685,246.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		4,904,009.		4,962,930.
2	Net accounts receivable		1,460,585.		1,738,205.
3	Net notes receivable				
4	Inventories		1,031,915.		1,073,158.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock		10,512,158.		8,640,025.
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	25,500,653.		25,539,565.	
b	Less accumulated depreciation	19,308,294.	6,192,359.	20,140,459.	5,399,106.
11	Land				
12	Other assets. Attach schedule. STM 4		64,128.		1,086,748.
13	Total assets		24,165,154.		22,900,172.
Liabilities and net worth					
14	Accounts payable		281,426.		516,448.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable		3,057,531.		2,944,722.
18	Other liabilities. Attach schedule. STM 5		9,067,219.		2,611,690.
19	Capital stock or principal fund		11,758,978.		16,827,312.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		24,165,154.		22,900,172.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	-244,462.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST. 6	-2,280,375.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	-2,280,375.
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	2,035,913.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-244,462.			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMALL BUSINESS ADMINISTRATION 409 3RD STREET WASHINGTON, DC 20416	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FORTY-NINER SHOPS, INC.	Employer identification number 95-1782943
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

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

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

FORTY-NINER SHOPS, INC.

95-1782943

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

IMPUTED INTEREST.....	\$	12,809.
PROGRAM SERVICE REVENUE.....		1,937,608.
TOTAL	\$	<u>1,950,417.</u>

STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CAL. STATE UNIV., LONG BEACH	
DONEE'S STREET ADDRESS:	1250 BELLFLOWER BLVD	
DONEE'S CITY	LONG BEACH	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	90840	
CASH AND NONCASH AMOUNT:		\$ 70,891.
TOTAL	\$	<u>70,891.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	52,985.
ADVERTISING AND PROMOTION.....		35,068.
BAD DEBT EXPENSE.....		-70.
BANK & CREDIT CARD FEES.....		249,193.
BOARD EXPENSES.....		36,852.
COMMISSIONS.....		925,163.
DISCOUNTS AND MARKDOWNS.....		2,019.
DONATIONS.....		37,587.
DUES & SUBSCRIPTIONS.....		25,375.
EMPLOYEES' APPRECIATION.....		7,795.
GENERAL EXPENSES.....		91,826.
INSURANCE.....		136,912.
INVESTMENT MANAGEMENT FEES.....		44,411.
LEGAL FEES.....		6,864.
OTHER EMPLOYEE BENEFIT.....	3,776,891.	
OTHER FEES.....		79,001.
POSTAGE AND SHIPPING.....		-36,671.
RENTAL EQUIPMENT.....		46,138.
REPAIRS & MAINTENANCE.....		789,447.
ROYALTIES & COMMISSIONS.....		98,539.
SERVICES.....		417,512.
SUPPLIES.....		632,596.
TELEPHONE & DATA LINES.....		70,395.
TRAINING.....		31,399.
TRAVEL.....		3,864.
UTILITIES.....		215,156.
TOTAL	\$	<u>7,776,247.</u>

FORTY-NINER SHOPS, INC.

95-1782943

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

OVERFUNDED POST-RETIREMENT MED. BENEFITS.....	1,035,113.
OVERFUNDED POST-RETIREMENT MED. BENEFITS.....	32,738.
PREPAID EXPENSES AND DEFERRED CHARGES.....	18,897.
TOTAL	<u>\$ 1,086,748.</u>

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

ACCRUED LIABILITIES.....	309,422.
ACCRUED PAYROLL.....	92,110.
ACCRUED VACATION AND SICK PAY.....	1,465,822.
REFUNDABLE CAMPUS DEBIT CARD DPSTS.....	744,336.
TOTAL	<u>\$ 2,611,690.</u>

**STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN**

UNREALIZED GAIN (LOSS).....	\$ -2,280,375.
TOTAL	<u>\$ -2,280,375.</u>

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022

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 <u>452000</u></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>
---	---

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30..... ●	1	30,236.
	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	30,236.
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	30,236.
	6 EZ, LAMBRA, or TTA NOL carryover deduction..... ●	6	
	7 Net Operating Loss deduction. See General Information N..... ●	7	30,236.
	8 Add line 6 and line 7..... ●	8	30,236.
	9 Net unrelated business taxable income. Subtract line 8 from line 5..... ●	9	
	10 Tax <u>8.84</u> % 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	
Payments	14 Total tax. Add line 12 and line 13..... ●	14	
	15 Overpayment from a prior year allowed as a credit..... ●	15	
	16 2021 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 2022 estimated tax..... ●	25	

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24 ●	26	
	a Fill in the account information to have the refund directly deposited. Routing number ●	26a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ●	26c	
	27 Penalties and interest. See General Information M. ●	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 ●	29		

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales <u>416,303</u> . b Less returns and allowances _____ c Balance ●	1c	416,303.
2 Cost of goods sold and/or operations (Schedule A, line 7) ●	2	191,579.
3 Gross profit. Subtract line 2 from line 1c ●	3	224,724.
4a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) ●	4a	
b Net gain (loss) from Part II, Schedule D-1 ●	4b	
c Capital loss deduction for trusts ●	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 ●	5	
6 Rental income (Schedule C) ●	6	
7 Unrelated debt-financed income (Schedule D) ●	7	
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) ●	8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) ●	9	
10 Exploited exempt activity income (Schedule G) ●	10	
11 Advertising income (Schedule H, Part III, Column A) ●	11	
12 Other income. Attach schedule ●	12	
13 Total unrelated trade or business income. Add line 3 through line 12. ●	13	224,724.

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 ●	14	
15 Salaries and wages ●	15	111,846.
16 Repairs ●	16	6,313.
17 Bad debts ●	17	7.
18 Interest. Attach schedule ●	18	
19 Taxes. Attach schedule ●	19	
20 Contributions. See instructions and attach schedule ●	20	
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) ●	21 a	838.
b Less: depreciation claimed on Schedule A. See instructions ●	21 b	838.
22 Depletion. Attach schedule ●	22	
23 a Contributions to deferred compensation plans ●	23 a	
b Employee benefit programs. See instructions ●	23 b	-37,364.
24 Other deductions. Attach schedule. <u>SEE STATEMENT 1</u> ●	24	111,848.
25 Total deductions. Add line 14 through line 24. ●	25	193,488.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. ●	26	31,236.
27 Excess advertising costs (Schedule H, Part III, Column B) ●	27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26. ●	28	31,236.
29 Specific deduction. See instructions ●	29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28. ●	30	30,236.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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	TAXPAYER'S	Title	Date	Telephone
	Preparer's signature	COPY			562 985-5093
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address				PTIN
	GUZMAN & GRAY, CERTIFIED PUBLIC ACCOUNTANTS				P00048565
	4510 E. PACIFIC COAST HIGHWAY, SUITE 270 LONG BEACH, CA 90804				Firm's FEIN 33-0302407
Telephone					(562) 498-0997
May the FTB discuss this return with the preparer shown above? See instructions ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. Columns include line number, description, and amount. Total cost of goods sold is 191,579.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? [] Yes [X] No

Schedule B Tax Credits.

Table for Schedule B with 4 rows for tax credits. Includes fields for credit name, code, and total amount.

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

Table for Schedule K with 5 rows for add-on taxes and recapture. Includes fields for interest computation, sales of timeshares, and credit recapture.

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 for Part A of Schedule R. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total sales.

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

Table for Part B of Schedule R. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows: Property factor, Payroll factor, Sales factor, Total percentage, Average apportionment 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 for Schedule C. Columns: 1 Description of property, 2 Rent received or accrued, 3 Percentage of rent attributable to personal property, 4 Deductions directly connected, 5 Income includible, 6 Gross income reportable, 7 Deductions directly connected with personal property, 8 Net income includible.

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

Schedule D Unrelated Debt-Financed Income

Table with 6 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Total. Enter here and on Side 2, Part I, line 8.

Enter gross income from members (dues, fees, charges, or similar amounts).

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11). Includes summary rows 4, 5, and 6.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

Total. Enter here and on Side 2, line 10.

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 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 Calculation instructions. Includes a Totals row.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns corresponding to the structure of Part I, but currently empty.

Part III Column A - Net Advertising Income

Table with 2 columns: (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.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (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.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 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. Includes a Total row.

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

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 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. Includes rows for various asset categories and a Total row with value 838.

2021

**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
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C corporation <input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> Limited liability company (electing to be taxed as a corporation)	FEIN 95-1782943

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	1 _____
2 2021 disaster loss included in line 1. Enter as a positive number	2 _____
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3 _____
4a Enter the amount of the loss incurred by a new business included in line 3	4a _____
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b _____
c Add line 4a and line 4b	4c _____
5 General NOL. Subtract line 4c from line 3	5 _____
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6 _____

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.	(g) Available balance	
<input checked="" type="radio"/>	30,236.	

Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2008		GEN	126,049.	<input checked="" type="radio"/> 126,049.	30,236.	0.	<input checked="" type="radio"/> 95,813.
<input checked="" type="radio"/> 2009		GEN	126,122.	<input checked="" type="radio"/> 126,122.	0.	0.	<input checked="" type="radio"/> 126,122.
<input checked="" type="radio"/> 2010		ESB	85,490.	<input checked="" type="radio"/> 85,490.	0.	0.	<input checked="" type="radio"/> 85,490.
<input checked="" type="radio"/> 2016		ESB	51,599.	<input checked="" type="radio"/> 51,599.	0.	0.	<input checked="" type="radio"/> 51,599.

Current Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021							
2021							
2021							
2021							

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

Part III 2021 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1 _____ 30,236.
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-	2 _____ 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	<input checked="" type="radio"/> 3 _____ 30,236.

2021

**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 FORTY-NINER SHOPS, INC.	California corporation number 0280702 FEIN 95-1782943
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During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation
 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

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	1	
2 2021 disaster loss included in line 1. Enter as a positive number	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	
4a Enter the amount of the loss incurred by a new business included in line 3	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	
c Add line 4a and line 4b	4c	
5 General NOL. Subtract line 4c from line 3	5	
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	

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.	<input checked="" type="radio"/>	(g) Available balance	
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Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021		(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2017		ESB	26,105.	<input checked="" type="radio"/> 26,105.	0.	0.	<input checked="" type="radio"/> 26,105.
<input checked="" type="radio"/> 2018		ESB	36,722.	<input checked="" type="radio"/> 36,722.	0.	0.	<input checked="" type="radio"/> 36,722.
<input checked="" type="radio"/> 2019		ESB	258,613.	<input checked="" type="radio"/> 258,613.	0.	0.	<input checked="" type="radio"/> 258,613.
<input checked="" type="radio"/> 2020		ESB	678,055.	<input checked="" type="radio"/> 678,055.	0.	0.	<input checked="" type="radio"/> 678,055.

Current Year NOLs

							col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021							
2021							
2021							
2021							

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

Part III 2021 NOL deduction

1 Total the amounts in Part II, line 2, column (f)	<input checked="" type="radio"/> 1	30,236.
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-	2	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	<input checked="" type="radio"/> 3	30,236.

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

ADVERTISING/PROMOTION.....	\$	3,060.
BANKCARD FEES.....		7,092.
BOARD.....		614.
DONATIONS.....		462.
DUES AND SUBSCRIPTIONS.....		157.
EMPLOYEES' APPRECIATION.....		15.
EQUIPMENT RENTAL.....		38.
FREIGHT OUT/POSTAGE.....		31.
GENERAL.....		1,557.
INSURANCE.....		2,437.
PROFESSIONAL SERVICES.....		2,152.
RENT.....		82,800.
SERVICES.....		2,287.
SUPPLIES.....		3,165.
TELEPHONE.....		4,209.
TRAINING.....		65.
TRAVEL.....		377.
UTILITIES.....		1,330.
	TOTAL \$	<u>111,848.</u>



(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 days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

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

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

<p>FORTY-NINER SHOPS, INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used 6049 EAST SEVENTH STREET Address (Number and Street)</p> <p>LONG BEACH, CA 90840 City or Town, State, and ZIP Code</p> <p>562 985-5093 Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>06504</u></p> <p>Corporation or Organization No. <u>0280702</u></p> <p>Federal Employer ID No. <u>95-1782943</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ (including noncash contributions) 18,721,159. **Noncash Contributions \$** 0. **Total Assets \$** 22,900,172.

Program Expenses \$ 12,306,666. **Total Expenses \$** 16,685,246.

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? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

TAXPAYER'S

Signature of Authorized Agent	Printed Name	Title	Date
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COPY

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