

Form **990**

EXTENDED TO MAY 15, 2026
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUN STREET CENTERS		D Employer identification number 94-6138701
	Doing business as		E Telephone number (831) 753-5135
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,569,710.
	11 PEACH DRIVE		
City or town, state or province, country, and ZIP or foreign postal code SALINAS, CA 93901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: ESTEBAN CALDERON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.SUNSTREETCENTERS.ORG		L Year of formation: 1968 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PREVENT ALCOHOL AND DRUG ADDICTION BY OFFERING EDUCATION, PREVENTION AND RECOVERY.		
	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	10
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	231
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b 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)	3,321,871.	2,230,663.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,471,677.	14,979,362.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,863.	34,750.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,431.	312,495.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,883,842.	17,557,270.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,401,534.	12,306,872.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,021.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,638,237.	4,756,498.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	14,039,771.	17,063,370.
	20 Total assets (Part X, line 16)	2,844,071.	493,900.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	15,357,648.	16,293,248.
		3,192,449.	3,634,149.
		12,165,199.	12,659,099.

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 ESTEBAN CALDERON, BOARD PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Preparer's name JESSE LOPEZ	Preparer's signature <i>Jesse Lopez</i>	Date 01/14/26	Check if self-employed <input type="checkbox"/>	PTIN P00312725
	Firm's name BIANCHI, KASAVAN & POPE, LLP	Firm's EIN 94-1541507	Phone no. 831-757-5311		
	Firm's address 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)

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: TO PREVENT ALCOHOL AND DRUG ADDICTION BY OFFERING EDUCATION, PREVENTION AND RECOVERY TO INDIVIDUALS AND FAMILIES, REGARDLESS OF INCOME LEVEL.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,410,383. including grants of \$) (Revenue \$ 6,912,353.) RESIDENTIAL PROGRAMS - THESE STATE-LICENSED RECOVERY PROGRAM PROVIDES A SUPPORTIVE ENVIRONMENT FOR MEN AND WOMEN SEEKING A LIFE FREE FROM THE DEVASTING EFFECTS OF DRUG AND ALCOHOL ADDICTION. CERTIFIED COUNSELORS AND RECOVERY PARTICIPANTS INCORPORATE THE PRINCIPALS OF SOCIAL MODEL RECOVERY, WHICH UTILIZE A PEER-ORIENTED, MUTUAL HELP SYSTEM THAT VIEWS THE PARTICIPANT AS A STUDENT, NOT A PATIENT. RESIDENTS ATTEND 12-STEP MEETINGS, GET A SPONSOR, AND TAKE PERSONAL RESPONSIBILITY FOR THEIR OWN RECOVERY. THE FACILITIES INCLUDE A KITCHEN, LIBRARY, SEVERAL MEETING ROOMS AND A RECREATIONAL AREA. PARTICIPANTS ATTEND A VARIETY OF ACTIVITIES, INCLUDING COMMUNITY EVENTS AND VOLUNTEER ACTIVITIES. "GIVING BACK" TO THE COMMUNITY IS AN IMPORTANT ASPECT OF THE RECOVERY PROCESS. MENTAL HEALTH THERAPY AND WITHDRAW MANAGEMENT DETOX ARE

4b (Code:) (Expenses \$ 2,670,804. including grants of \$) (Revenue \$ 2,806,289.) DRIVING UNDER THE INFLUENCE PROGRAM - THIS PROGRAM IS LICENSED BY THE STATE OF CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES TO PROVIDE QUALITY EDUCATION TO HELP THE PARTICIPANT UNDERSTAND HIS/HER RELATIONSHIP WITH ALCOHOL AND DRUGS, AND THE INHERENT RISK OF DRIVING WHILE UNDER THE INFLUENCE. APPROXIMATELY 2000 CLIENTS WERE SERVED DURING THE 2023-24 FISCAL YEAR.

4c (Code:) (Expenses \$ 1,852,770. including grants of \$) (Revenue \$ 1,872,050.) OUTPATIENT RECOVERY SERVICES EMPOWER MEN, WOMEN, AND TEENS TO STOP THE CYCLE OF ADDICTION AND TAKE CHARGE OF THEIR LIVES. PARTICIPANTS ARE PROVIDED GROUP AND INDIVIDUAL SESSIONS AND SERVICES WITH A COMPREHENSIVE, EVIDENCED-BASED, INDIVIDUALIZED PROGRAM WITH MORE THAN THIRTY YEARS OF RESEARCH AND DEVELOPMENT BY THE MATRIX INSTITUTE OF ADDICTIONS, AN AFFILIATE OF THE UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS. COUNSELING FOR COUPLES AND FAMILIES ARE ALSO AVAILABLE. LOCATIONS ARE IN SALINAS, SEASIDE, MARINA, AND KING CITY. APPROXIMATELY 500 CLIENTS WERE SERVED IN THE 2023-24 FISCAL YEAR.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,743,959. including grants of \$) (Revenue \$ 3,388,670.)

4e Total program service expenses 14,677,916.

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 Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Rev. Proc. 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. See instructions</i>		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)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and noncash contributions.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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		231
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			
		17	

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10			
b Enter the number of voting members included on line 1a, above, who are independent		10		
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
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b 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? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11a		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
15a		
15b		
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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
RENEE FRASIER - (831) 753-5135
11 PEACH DRIVE, SALINAS, CA 93901

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ANNA FOGLIA CEO	40.00			X				210,208.	0.	19,204.
(2) RENEE FRASIER CFO	40.00			X				126,598.	0.	16,715.
(3) JULIE EDGCOMB PRESIDENT	2.00	X		X				0.	0.	0.
(4) ESTEBAN CALDERON VICE PRESIDENT	2.00	X		X				0.	0.	0.
(5) DAVID WARNER TREASURER	2.00	X		X				0.	0.	0.
(6) BRYAN V. KIEFER SECRETARY	2.00	X		X				0.	0.	0.
(7) DAVID WHEELER DIRECTOR	2.00	X						0.	0.	0.
(8) JEANNETTE WITTEN DIRECTOR	2.00	X						0.	0.	0.
(9) MARK KOOIMAN DIRECTOR	2.00	X						0.	0.	0.
(10) BRENDA GRANILLO ARREOLA DIRECTOR	2.00	X						0.	0.	0.
(11) REB JH CLOSE, MD DIRECTOR	2.00	X						0.	0.	0.
(12) JOHN MUSNI DIRECTOR	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	50,925.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	598,524.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,581,214.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		2,230,663.			
Program Service Revenue	2 a RESIDENTIAL PROGRAMS	Business Code				
		623990	6,912,353.	6,912,353.		
	b DUI PROGRAM FEES	624100	2,806,289.	2,806,289.		
	c OUTPATIENT SERVICES	624100	1,872,050.	1,872,050.		
	d PUEBLO DEL MAR	623990	984,490.	984,490.		
	e PREVENTION	624100	750,911.	750,911.		
	f All other program service revenue	624100	1,653,269.	1,653,269.		
g Total. Add lines 2a-2f		14,979,362.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34,750.		34,750.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 50,925. of contributions reported on line 1c). See Part IV, line 18	8a		0.			
b Less: direct expenses	8b	12,440.				
c Net income or (loss) from fundraising events		-12,440.		-12,440.		
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code				
		900099	324,935.	324,935.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		324,935.				
12 Total revenue. See instructions		17,557,270.	15,304,297.	0.	22,310.	

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				
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	380,736.	326,567.	54,169.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,602,331.	8,236,172.	1,366,159.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,537,042.	1,318,361.	218,681.	
10 Payroll taxes	786,763.	674,827.	111,936.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	25,225.	17,781.	6,561.	883.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	723,459.	676,634.	46,825.	
17 Travel	86,624.	78,672.	7,952.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,120.	24,951.	169.	
20 Interest	30,559.	18,731.	11,828.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	438,247.	418,472.	19,775.	
23 Insurance	150,730.	133,066.	17,664.	
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 PROFESSIONAL AND CONSUL	1,146,671.	811,246.	330,418.	5,007.
b SUPPLIES	1,033,393.	942,901.	90,492.	
c UTILITIES	566,348.	550,426.	12,072.	3,850.
d TAXES AND FEES	277,495.	244,103.	17,960.	15,432.
e All other expenses	252,627.	205,006.	44,772.	2,849.
25 Total functional expenses. Add lines 1 through 24e	17,063,370.	14,677,916.	2,357,433.	28,021.
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 99-2 (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	2,104,093.	1	1,212,834.
	2	Savings and temporary cash investments	62,922.	2	935.
	3	Pledges and grants receivable, net		3	465,062.
	4	Accounts receivable, net	4,008,793.	4	2,126,764.
	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	23,856.	8	31,958.
	9	Prepaid expenses and deferred charges	102,876.	9	84,047.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,053,600.		
	10b	Less: accumulated depreciation	10b 3,385,499.		
			7,149,656.	10c	10,668,101.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,905,452.	15	1,703,547.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	15,357,648.	16	16,293,248.	
Liabilities	17	Accounts payable and accrued expenses	771,946.	17	1,278,047.
	18	Grants payable		18	
	19	Deferred revenue	56,503.	19	236,614.
	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	636,677.	23	612,742.
	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	1,727,323.	25	1,506,746.
	26	Total liabilities. Add lines 17 through 25	3,192,449.	26	3,634,149.
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	9,930,558.	27	12,387,112.
	28	Net assets with donor restrictions	2,234,641.	28	271,987.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	12,165,199.	32	12,659,099.	
33	Total liabilities and net assets/fund balances	15,357,648.	33	16,293,248.	

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	17,557,270.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,063,370.
3	Revenue less expenses. Subtract line 2 from line 1	3	493,900.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,165,199.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,659,099.

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? 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		X
b Were the organization's financial statements audited by an independent accountant? 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE D (Form 990)

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

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization

SUN STREET CENTERS

Employer identification number 94-6138701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate values, and donor notification.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?		
(ii) Related organizations?		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		775,520.		775,520.
b Buildings		12,701,989.	3,385,499.	9,316,490.
c Leasehold improvements				
d Equipment		240,572.		240,572.
e Other		335,519.		335,519.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,668,101.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	
(2) STEWARDSHIP	38,056.
(3) OPERATING LEASE RIGHT-OF-USE-ASSET, NET	214,261.
(4)	1,451,230.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

1,703,547.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	
(3) CURRENT PORTION OF LONG TERM DEBT	1,482,392.
(4)	24,354.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

1,506,746.

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	17,569,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	12,440.	
e	Add lines 2a through 2d	2e		12,440.
3	Subtract line 2e from line 1	3		17,557,270.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		17,557,270.

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

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

1	Total expenses and losses per audited financial statements		1	17,075,810.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,440.	
e	Add lines 2a through 2d	2e		12,440.
3	Subtract line 2e from line 1	3		17,063,370.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		17,063,370.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701 (D). THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERAL FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
SCHEDULE G EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:
SCHEDULE G EXPENSES

PART XI LINE 2D - OTHER ADJUSTMENTS
SPECIAL EVENT EXPENSES 19694

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SUMMER SOIREE ACL (event type)	LEGACY CIRCLE (event type)	1 (total number)		
Revenue	1	Gross receipts	13,425.	12,500.	25,000.	50,925.
	2	Less: Contributions	13,425.	12,500.	25,000.	50,925.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,078.	9,347.	15.	12,440.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				12,440.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-12,440.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SUN STREET CENTERS

Employer identification number
94-6138701

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDED. LOCATIONS ARE IN SALINAS, HOLLISTER, KING CITY AND SAN LUIS
OBISPO. HEALTH CARE SERVICES FUNDED THROUGH MEDI-CAL AND PRIVATE HEALTH
INSURANCE. APPROXIMATELY 700 CLIENTS WERE SERVED IN THE 2023-24 FISCAL
YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PREVENTION SERVICES - DEDICATED TO BUILDING HEALTHY AND SAFE
COMMUNITIES, OUR THREE PREVENTION CENTERS PROVIDE A VARIETY OF SERVICES
TO COMMUNITY MEMBERS AND THEIR FAMILIES, IN ORDER TO BUILD AWARENESS
AND PROMOTE ACTION TOWARD RESOLVING COMMUNITY HEALTH PROBLEMS RELATING
TO DRUG AND ALCOHOL ABUSE. SERVICES INCLUDE INFORMATION AND REFERRAL,
VOLUNTEER COMMUNITY COALITION ADVOCACY TO PREVENT ALCHOL-RELATED TRAUMA
(PARTS), COMMUNITY OUTREACH AND EDUCATION, DRUNK AND DRUGGED DRIVING
EDUCATION, MEETING ROOMS FOR COMMUNITY GROUPS, SAFE TEEN EMPOWERMENT
PROJECT (STEPS) AFTERSCHOOL PROGRAM, EVIDENCED -BASED LIFE SKILLS
TRAINING, AND ADVOCACY TO CHANGE COMMUNITY POLICIES. CENTERS ARE
LOCATED IN SALINAS, SEASIDE, GONZALES AND KING CITY, CALIFORNIA.
APPROXIMATELY 10,000 YOUTH AND PARENTS WERE SERVED IN THE 2023-24
FISCAL YEAR.
EXPENSES \$ 1,108,406. INCLUDING GRANTS OF \$ 0. REVENUE \$ 750,911.

PUEBLO DEL MAR, A JOINT PARTNERSHIP BETWEEN THE HOUSING AUTHORITY OF
THE COUNTY OF MONTEREY AND SUN STREET CENTERS, PROVIDES A SAFE
AFFORDABLE, TRANSITIONAL HOUSING PROGRAM FOR HOMELESS WOMEN WITH
CHILDREN, MEN WITH CHILDREN, AND FAMILIES WITH CHILDREN. RESIDENTS
ORGANIZE THEMSELVES IN A SOCIAL MODEL-DRIVEN COUNCIL THAT ASSISTS
FAMILIES IN DEVELOPING A SENSE OF PRIDE AND COMMUNITY. IN A DRUG
FREE/ALCOHOL FREE ENVIRONMENT, RESIDENTS BUILD SOCIAL NETWORKS AND
SUPPORT SYSTEMS DESIGNED TO FOSTER POSITIVE LIFESTYLES. GOALS INCLUDE
MAINTAINING LONGTERM SOBRIETY, GETTING A JOB, FINDING PERMANENT HOUSING
AND IMPROVING PARENTING SKILLS. 97 PARENTS AND CHILDREN SERVED IN
2023-24. THIS PROGRAM STOPPED ACCEPTING REFERRALS IN APRIL 2024 DUE TO
THE HOUSING AUTHORITY'S LOSS OF FEDERAL FUNDING
EXPENSES \$ 1,060,742. INCLUDING GRANTS OF \$ 0. REVENUE \$ 984,490.

SOBERING CENTER IS THE FIRST OF ITS KIND IN MONTEREY COUNTY AND HAS
SUCCESSFULLY SERVED CLOSE TO 2000 OVER THE PAST 6 YEARS. THIS IS A SAFE
PLACE FOR PEOPLE WHO ARE DRUNK IN PUBLIC OR ARRESTED FOR DRIVING UNDER
THE INFLUENCE TO BE DIVERTED FROM JAIL, AND SOBER UP IN OUR CENTER,
GETTING REFERRALS FROM RECOVERY COUNSELORS AND A RIDE HOME.
APPROXIMATELY 250 CLIENTS WERE SERVED IN THE 2023-24 FISCAL YEAR.
EXPENSES \$ 470,499. INCLUDING GRANTS OF \$ 0. REVENUE \$ 632,604.

SOBER LIVING ENVIRONMENTS ARE COMMITTED TO ENSURING A SAFE, CLEAN,
STRUCTURED RECOVERY ENVIRONMENT, AND DEDICATED TO PROVIDING SUPPORTIVE
AND AFFORDABLE SOBER LIVING. OUR PROGRAM IS STRUCTURED TO IMPLEMENT
EVERYTHING OUR RESIDENTS HAVE ACQUIRED IN TREATMENT, THROUGH THE
TWELVE-STEP RECOVERY PROCESS. WE PROVIDE RESIDENTS WITH THE BEST
POSSIBLE OPPORTUNITY OF ACHIEVING AND MAINTAINING PERMANENT SOBRIETY.
RESIDENTS AGREE TO A SOBER LIVING COVENANT DESIGNED TO DEVELOP
CHARACTER, SELF-ESTEEM, RESPONSIBILITY, SELF-RELIANCE, AND

Name of the organization

SUN STREET CENTERS

Employer identification number

94-6138701

ACCOUNTABILITY IN ORDER TO HELP IN THE PROCESS OF REBUILDING A LIFE. GOALS INCLUDE SOBRIETY, CLEANLINESS, SAFETY AND COOPERATION. HOUSES FOR MEN AND WOMEN, RESPECTIVELY, LOCATED IN SALINAS, KING CITY AND HOLLISTER. APPROXIMATELY 100 MEN AND WOMEN WERE HOUSED IN 2023-24. EXPENSES \$ 480,291. INCLUDING GRANTS OF \$ 0. REVENUE \$ 480,253.

ROAD TO SUCCESS YOUTH PRE-DIVERSION PROGRAM SERVES YOUTH REFERRED BY LAW ENFORCEMENT FOR FIRST-TIME CRIMES AND FROM SCHOOLS DUE TO EXPULSION. DIVERSION PLANS ARE DEVELOPED IN COLLABORATION WITH THE STUDENT, PARENT AND CASE MANAGER TO OFFERING A PATH TO ERADICATING THE CRIMINAL OFFENSE FROM THEIR RECORD AND GET BACK TO SCHOOL. THIS 3 MONTH TO 6 MONTH PROGRAM INCLUDES LIFE SKILLS TRAINING, COMMUNITY VOLUNTEERING, PRO-SOCIAL ACTIVITIES, AND WORKING WITH A COMMUNITY ACCOUNTABILITY BOARD. OPERATING IN GONZALES, SOLEDAD, GREENFIELD, KING CITY, AND ON THE MONTEREY PENINSULA. IN FY 2023-24 WE SERVED APPROXIMATELY 200 STUDENTS. LAST YEAR WE EXPANDED OUR PROGRAM THROUGH THE COUNT PROBATION DEPT AT JUVENILE HALL. EXPENSES \$ 624,021. INCLUDING GRANTS OF \$ 0. REVENUE \$ 540,412.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE NUMBER OF DIRECTORS THEN IN OFFICE, PROVIDED THAT A QUORUM IS PRESENT, CREATE ONE OR MORE COMMITTEES, EACH CONSISTING OF TWO (2) OR MORE DIRECTORS TO SERVE AT THE PLEASURE OF THE BOARD. APPOINTMENTS TO SUCH COMMITTEES SHALL BE BY A MAJORITY VOTE OF THE DIRECTORS THEN IN OFFICE. THE BOARD OF DIRECTORS MAY APPOINT ONE OR MORE DIRECTORS AS ALTERNATE MEMBERS OF ANY COMMITTEE, WHO MAY REPLACE ANY ABSENT MEMBER AT ANY MEETING OF THE COMMITTEE. ANY SUCH COMMITTEE, TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD, SHALL HAVE ALL THE AUTHORITY OF THE BOARD, EXCEPT THAT NO COMMITTEE MAY:

(A) TAKE ANY FINAL ACTION ON ANY MATTER THAT, UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, ALSO REQUIRES THE APPROVAL OF THE MEMBERS OR APPROVAL OF A MAJORITY OF ALL MEMBERS;

(B) FILL VACANCIES ON THE BOARD OR ANY COMMITTEE OF THE BOARD; (C) BOARD MEMBERS ARE VOLUNTEERS AND ARE NOT COMPENSATED FOR THEIR SERVICES; (D) AMEND OR REPEAL BYLAWS OR ADOPT NEW BYLAWS;

(E) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEATABLE;

(F) CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF COMMITTEES OF THE BOARD;

(G) EXPEND CORPORATE FUNDS TO SUPPORT A NOMINEE FOR DIRECTOR IF MORE PEOPLE HAVE BEEN NOMINATED FOR DIRECTOR THAN CAN BE ELECTED; AND

(H) APPROVE ANY CONTRACT OR TRANSACTION TO WHICH CORPORATION IS A PARTY AND IN WHICH ONE OR MORE OF ITS DIRECTORS HAS A MATERIAL FINANCIAL INTEREST, EXCEPT AS SPECIAL APPROVAL IS PROVIDED FOR IN CORPORATIONS CODE SECTION 5233(D)(3).

FORM 990, PART VI, SECTION B, LINE 11B:

THE FEDERAL FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF DIRECTORS PRESIDENT FOR REVIEW AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND

Name of the organization

SUN STREET CENTERS

Employer identification number

94-6138701

UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. THE BOARD REVIEWS ALL STATEMENTS AND REQUIRES THAT ANY BOARD MEMBER NOT TAKE PART IN ANY DISCUSSION OR VOTE IF A CONFLICT OF INTEREST EXISTS

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD PROVIDES A FORMAL WRITTEN PERFORMANCE REVIEW IN CONJUNCTION WITH COMPENSATION REVIEW. THE BOARD PROVIDES AN ANNUAL WRITTEN STATEMENT OF TOTAL COMPENSATIO, WHICH IS COMPARED TO MARKET DATA. AN AUTHORIZED BOARD COMMITTEE COMPRISED OF INDEPENDENT, UNRELATED BOARD MEMBERS PERFORM THE REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

SUN STREET CENTERS REQUIRES FORMAL WRITTEN REQUESTS FOR REVIEW OF THE ARTICLES OF INCORPORATION, BYLAWS, GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS. SUN STREET CENTERS' BOARD WILL REVIEW EACH REQUEST AT THE REGULARLY HELD MEETING AND DETERMINE THE VALIDITY OF EACH REQUEST ON A CASE BY CASE BASIS.

FORM 990, PART XII, LINE 2C

THE PROCESS OR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.