

Program and Application Guide

Revised: 05/25/23



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

The California Small Business and Nonprofit COVID-19 Supplemental Paid Sick Leave Relief Grant Program will award grants to **“qualified small businesses and nonprofits”** on a first-come, first-served basis to assist qualified small businesses and nonprofits that have incurred costs for COVID-19 Supplemental Paid Sick Leave following Sections [248.6](#) and [248.7](#) of the California Labor Code.

Grant awards can only be used for reimbursement of COVID-19 Supplemental Paid Sick Leave provided between January 1, 2022, and December 31, 2022. Applicants must provide proof of employee payroll records that verify all COVID-19 Supplemental Paid Sick Leave provided by the applicant following the requirements of Sections 248.6 and 248.7 of the California Labor Code that match the amount of the grant request.

Verifiable COVID-19 Supplemental Paid Sick Leave provided by Applicant (January 1, 2022 – December 31, 2022)	Eligible Grant Award Amount
\$5,000 up to \$10,000	\$5,000
\$10,000 up to \$14,999	\$10,000
\$15,000 up to 19,999	\$15,000
\$20,000 up to \$24,999	\$20,000
\$25,000 up to \$29,999	\$25,000
\$30,000 up to \$34,999	\$30,000
\$35,000 up to 39,999	\$35,000
\$40,000 up to \$44,999	\$40,000
\$45,000 up to 49,999	\$45,000
\$50,000 or more	\$50,000

- For the purposes of this Program, **“qualified small business or nonprofit”** means a business or nonprofit that meets all the eligibility criteria (listed [here](#)) established in California Government Code Section 12100.965, as confirmed by the California Office of the Small Business Advocate (CalOSBA) or fiscal agent through a review of revenue declines, other relief funds received, credit history (solely for the purposes of verifying Office of Foreign Controls compliance), tax returns, and bank account validation.
- **“Applicant”** means the qualified small business or nonprofit, including, but not limited to, a corporation, nonprofit organization, cooperative, or partnership, that submits an application for the Program.
- **“California Small Business and Nonprofit COVID-19 Supplemental Paid Sick Leave Relief Grant Program” or “Program”** means the grant program established in California Government Code Section 12100.975.

Eligibility Requirements

A **“qualified small business or nonprofit”** must satisfy the following criteria to be eligible to receive a grant award under the Program:

1. Must meet the definition of a qualified small business or nonprofit as confirmed by CalOSBA or fiscal agent through review of revenue declines, other relief funds received, credit history, tax returns, and bank account validation (see [Definitions](#))
 - A. Must be one of the following:
 - i. A “C” corporation, “S” corporation, cooperative, limited liability company, partnership, or limited partnership.
 - ii. A registered 501(c)(3), 501(c)(6), or 501(c)(19).
 - B. Began operating before June 1, 2021
 - C. Is currently active and operating
 - D. Had 26 to 49 employees between January 1, 2021, and December 31, 2022, and provides payroll data and an affidavit, signed under penalty of perjury, attesting to that fact
 - i. For employers covered by Industrial Welfare Commission Order No. 16-2001 only, the number of employees shall be calculated as the number of full-time employees that have worked for the employer, without any break in employment, for the past 24 months.
 - E. Has provided COVID-19 Supplemental Paid Sick Leave following the requirements of Sections [248.6](#) and [248.7](#) of the California Labor Code

- F. Provides organizing documents, including a 2020 or 2021 tax return or Form 990, and a copy of official filing with the Secretary of State or with the local municipality, as applicable, including, but not limited to, Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, or government-issued business license
2. Must have an owner - or in the case of a nonprofit, an officer – identified as the authorized signer on the application that is at least 18 years of age
 3. Able to provide acceptable form of identity verification through acceptable government-issued photo ID (i.e., through Lendistry’s designated identification verification service)
 4. Applicants with multiple business entities, franchises, locations, etc. are not eligible for multiple grants and are only allowed to apply once. Only one entity from any member of a "controlled group of corporations" as defined in California Revenue and Taxation Code Section 23626 may apply. No more than one entity may apply for the grant that are related under sections 267, 318, or 707 of the United States Internal Revenue Code

Ineligible Businesses

The following small businesses and nonprofit organizations will be deemed ineligible:

- Businesses or nonprofits without a physical presence in the state
- Nonprofit businesses not registered as a 501(c)(3), 501(c)(6), or 501(c)(19)
- Government entities, other than Native American tribes, or elected official offices
- Businesses or organizations primarily engaged in political or lobbying activities, regardless of whether the entity is registered as a 501(c)(3), 501(c)(6), or 501(c)(19)
- Passive businesses, investment companies, and investors who file a Schedule E on their tax returns
- Financial institutions or businesses primarily engaged in the business of lending, such as banks, finance companies, and factoring companies
- Businesses or organizations engaged in any activity that is unlawful under federal, state, or local law
- Businesses or organizations that restrict patronage for any reason other than capacity
- Speculative businesses
- Businesses with any owner of greater than 10 percent of the equity interest in it or, in the case of nonprofits, organizations with any officer or board member who meets one or more of the following criteria:
 - (i) The owner, or any officer or board member, has, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgment, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - (ii) The owner, or any officer or board member, is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of any of the offenses listed in clause (i).
- Affiliated companies, as defined in Section 121.103 of Title 13 of the Code of Federal Regulations

Required Documents

The following documents are required to apply for this Program:

1. Applicant Certifications

- Complete and upload the Applicant Certifications applicable to your business/organization **only**

2. Official filing with the California Secretary of State (which must be active) or local municipality, as applicable, for your business or organization, such as one of the following:

- Articles of Incorporation;
- Certificate of Organization;
- Fictitious Business Name filing;
- Professional license;
- Government-issued business license or permit

3. Proof of Revenue: 2020 or 2021 filed federal business tax filing (complete and unaltered)

1. For-profit businesses: 2020 or 2021 IRS Form 1040, 1065, 1120, or 1120-S
2. Nonprofit organizations: 2020 or 2021 IRS Form 990, 990-N, or 990-Z)

4. Proof of IRS tax-exempt status (required for nonprofit organizations only)

- Copy of IRS 501(c)(3), 501(c)(6), & 501(c)(19) exemption determination letter

5. Proof of Employee Count and Costs Incurred: 2021 and 2022 Payroll Records

- Needed to verify employee count for both 2021 and 2022 and costs incurred for providing COVID-19 Supplemental Paid Sick Leave between January 1, 2022, and December 31, 2022.

6. Proof of Employee Count: 2021 and 2022 IRS Form W-3

- Needed to verify employee count between January 1, 2021, and December 31, 2022

7. Acceptable Government-Issued Photo ID uploaded via Persona, which will be embedded in the application. Acceptable forms of government-issued photo ID:

- Driver's license
- State ID
- United States Passport or Foreign Passport

8. Valid bank account linked via Plaid, which will be embedded in the application

- If an applicant does not have an online banking setup, or their bank account cannot be verified through Plaid, the applicant is required to submit the two (2) most recent months of bank statements with transaction history.

This list is not exhaustive. Lendistry may contact you by email, phone, and/or text (if authorized) to request additional documentation to verify the information you submitted in your application.

How to Complete the Applicant Certifications



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

Applicant Certifications


As part of the application process, you will be required to self-certify the truthfulness and accuracy of the information you provide in the web application and supporting documents by signing the Applicant Certifications.

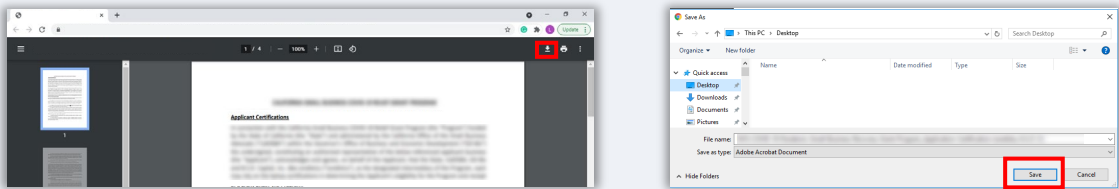
The Applicant Certifications will be available in electronic form for you to download and complete. A signed copy of the Applicant Certifications is a required document in this grant process and will need to be uploaded to the Portal as a PDF file.

Download the Applicant Certifications and save the file to your device. You can complete the Applicant Certifications electronically or print the file and complete it manually.

How to Complete Your Applicant Certifications Electronically

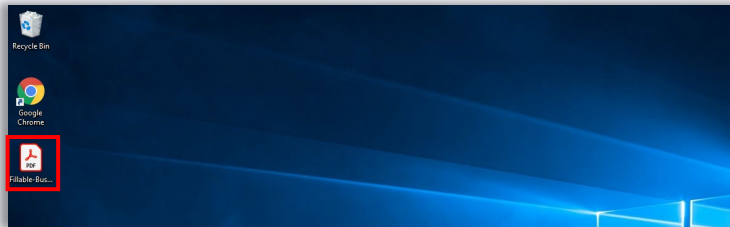
Step 1

Click the download  icon to download the Applicant Certifications and save the file on your device.



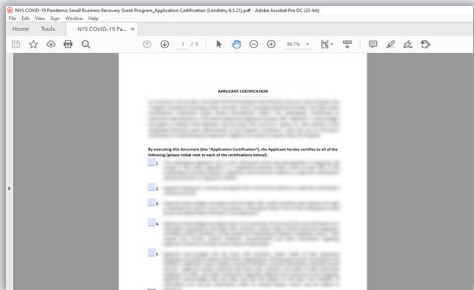
Step 2

Locate the Applicant Certifications on your device and open the file. Your Applicant Certifications will open as a PDF file.



Step 3

Complete the Applicant Certifications by entering your initials next to the numbered items, add your signature, and input business information on the last page.



Step 4


After completing the Applicant Certifications, save the file again by going to File > Save or by pressing CTRL+S on your keyboard.

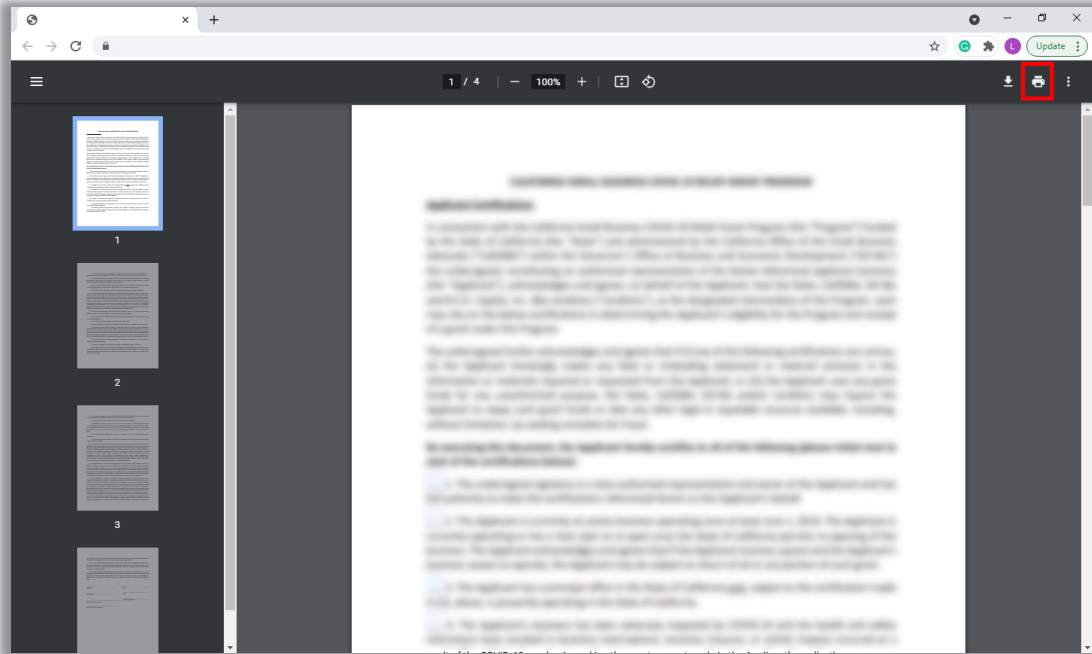
Step 5

Upload the completed Applicant Certifications as PDF file in Lendistry's Portal. See [page 44](#) for reference.

How to Complete Your Applicant Certifications Manually

Step 1

Print the Applicant Certifications by clicking the printer  icon which is highlighted by the red box below.



Step 2

Fill out the Applicant Certifications using a dark pen and legible handwriting.

Step 3

Scan the completed Applicant Certifications and save the file on your device as a PDF.

Step 4

Upload the completed Applicant Certifications as a PDF file in Lendistry's Portal. See [page 44](#) for reference.

Examples of Required Documents



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

Articles of Incorporation

3767456

FILED
Secretary of State
State of California
16 MAR 16 2015

ARTICLES OF INCORPORATION
OF
MIDDLE TREE INCORPORATED

ARTICLE I

The name of this corporation is Middle Tree Incorporated ("Corporation").

ARTICLE II

A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. The specific purpose of this Corporation is to manage, operate, guide, direct and promote the Corporation.

B. This Corporation is organized and operated exclusively for educational and charitable purposes pursuant to and within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code" or "IRC"), or the corresponding provision of any future United States Internal Revenue Law. Notwithstanding any other provision of these articles, the Corporation shall not, except to an insubstantial degree, engage in other activities or exercise of power that do not further the purposes of the Corporation. The Corporation shall not carry on any other activities that are to be carried on by (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or the corresponding section of any future federal tax code; or (ii) by a corporation, contributions of which are deductible under Section 170(c)(2) of the Code, or the corresponding section of any future federal tax code.

ARTICLE III

The name and address in the State of California of this Corporation's initial agent for service of process is: Registered Agents Inc.

ARTICLE IV

The initial street address of the corporation is:

Middle Tree
522 S. Indian Hill Blvd #205
Claremont, CA
91711

The initial mailing address of the corporation is:

ARTICLES OF INCORPORATION
MIDDLE TREE INCORPORATED

PAGE 1 OF 3

Fictitious Name of Registration

LARRY W. WARD
COUNTY OF RIVERSIDE
ASSessor-COUNTY CLERK-RECORDER
P.O. Box 751, Riverside, CA 92502-0751 • (951) 480-7000
62-473 Hwy. 51, Rm. 312, Indio, CA 92201 • (760) 845-4732

OFFICE OF THE COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT

CLERK'S FILING STAMP

SEE REVERSE SIDE FOR FEES AND INSTRUCTIONS

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1. Fictitious Business Name (If more than one business name is same address - Attach Supplemental Sheet)

2. NAME OF COUNTY in which business is located

3. Register Information (only for name of Corp./LLC filing as such)

4. Register Information (only for name of Corp./LLC filing as such)

5. This business is conducted by:

6. I declare that all the information in this statement is true and correct. (A registrant who declares as true, information which he or she knows to be false is guilty of a crime.)

7. Signature(s)

8. Typed or Printed Name(s)

9. If Limited Liability Company/Corporation, Title

10. NOTICE: IN ACCORDANCE WITH SUBDIVISION (b) OF SECTION 17800, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY REMAINS AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT AS PROVIDED IN SUBDIVISION (c) OF SECTION 17800, WHERE IT REMAINS IN EFFECT AFTER ANY CHANGE IN THE FACTS SET FORTH IN THIS STATEMENT PURSUANT TO SECTION 17800.5. MORE THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTRANT DOES NOT CONSTITUTE A NEW FICTITIOUS BUSINESS NAME STATEMENT. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION OF THE FILING OF THIS STATEMENT UNDER ANY OF THE ABOVE CIRCUMSTANCES. IF THE FILING OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER FEDERAL, STATE OR COMMON LAW OR SECTION 17800.5 SETS, BUSINESS AND PROFESSIONAL CODE.

11. I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.


LARRY W. WARD
RIVERSIDE COUNTY CLERK

By: _____, Deputy

Continued next page.

Filing with the CA Secretary of State or Local Municipality

Certificate of Organization



State of California
Secretary of State

FILED
in the office of the Secretary of State
of the State of California
MAR 07 2007

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.
IMPORTANT - Read instructions before completing this form.

Entity Name (Must be name with the words "limited liability company," "llc," "limited liability co.," or "l.l.c.")
1. NAME OF LIMITED LIABILITY COMPANY
Sonoma Land Acquisition Company, LLC

PURPOSE (The following statement is required to state and may not be altered.)
2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LEGAL, JUST OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE REVENUE AND TAX LAWS OF THE STATE OF CALIFORNIA.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Section 3 and 4 must be completed. If the agent is a corporation, the agent must have its principal office in California and both Section 3 and 4 must be completed. If the agent is a corporation, the agent must have its principal office in California and both Section 3 and 4 must be completed.)
3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS
4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is a corporation, the agent must have its principal office in California and both Section 3 and 4 must be completed.)
CITY STATE ZIP CODE
San Francisco CA 94102

MANAGEMENT (Check only one)
5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:
☐ ONE MANAGER
☐ MORE THAN ONE MANAGER
☒ ALL LIMITED LIABILITY COMPANY MEMBERS


ADDITIONAL INFORMATION
6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION
7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.
Signature
DATE 3/7/07
Daniel K. Rao
TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)
8. NAME Daniel K. Rao
FIRM Michael, Tread, Huddy & McCoy LLP
ADDRESS 600 So. Figueroa Street, 18th Floor
CITY/STATE/ZIP Los Angeles, CA 90071

LLC-1 (01/01/2005) APPROVED BY SECRETARY OF STATE

Government-Issued Business License



CITY OF LONG BEACH, CALIFORNIA
BUSINESS LICENSE
OWNERSHIP NON-TRANSFERABLE

PREPARED: 11/06/2018
P120

THE LICENSEE NAMED BELOW IS AUTHORIZED TO OPERATE THE FOLLOWING:

ACCOUNT NUMBER: 1

BUSINESS TYPE: BUSINESS OFFICE

OWNER: ACTION INVESTIGATORS

DBA NAME: ACTION AUTO RECOVERY

LOCATED AT: 3800 CHERRY AVE

PRODUCT: BUSINESS

AUTHORIZED BY: JOHN GROSS
DIRECTOR OF FINANCIAL MANAGEMENT

DO NOT USE. EXAMPLE ONLY.


Continued next page.

Seller's Permit

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT



ACCOUNT NUMBER

NOTICE TO PERMITTEE
Your permit is valid only at the address shown on this permit. If you change your business location, you must apply for a new permit. This permit does not allow you to sell or lease property to others.

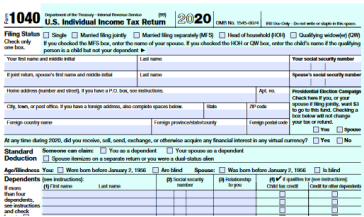
IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.
THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.
For general tax questions, please call our Information Center at 800-400-7115.
For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.
BOE-442-R REV. 15 (2-09)

DO NOT USE. EXAMPLE ONLY.

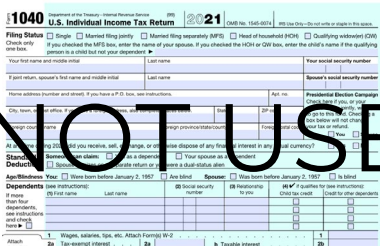
Federal Business Tax Return (For-Profit Businesses)

IRS Form 1040

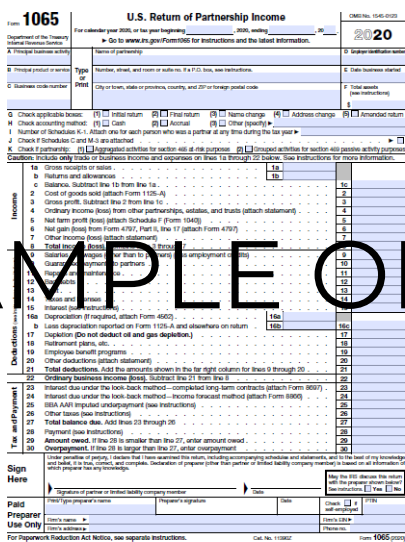
IRS Form 1065



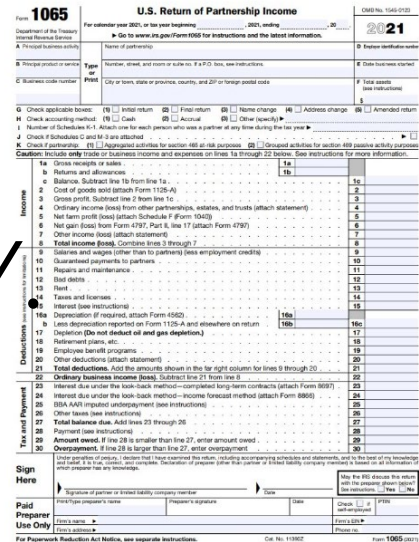
2020



2021



2020



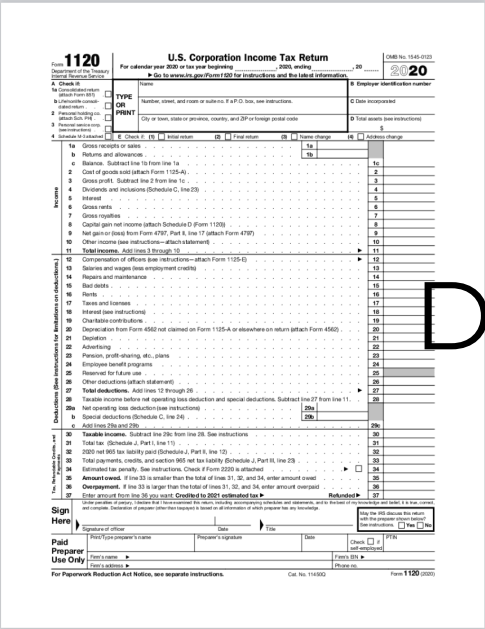
2021

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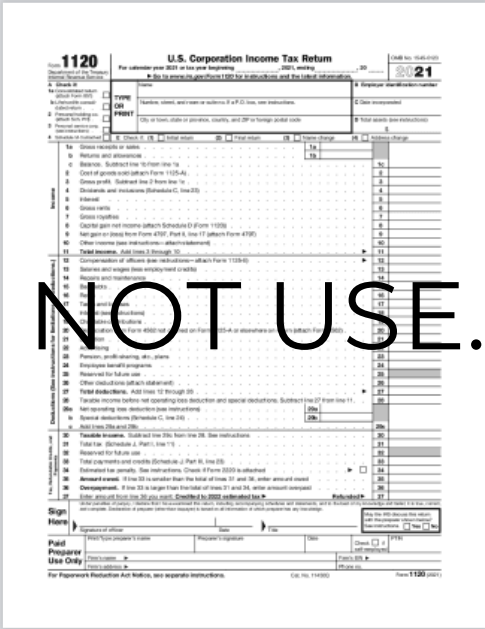
Federal Business Tax Return (For-Profit Businesses)

IRS Form 1120

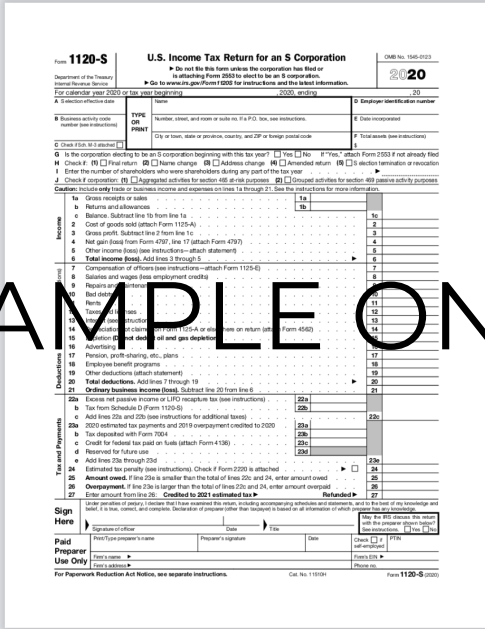
IRS Form 1120-S



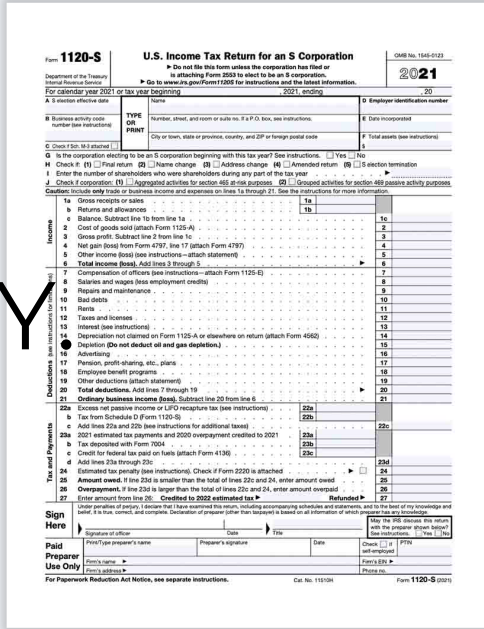
2020



2021



2020



2021

Federal Business Tax Return (Nonprofit Organizations)

IRS Form 990

IRS Form 990-N

Form 990 **Return of Organization Exempt From Income Tax** OMB No. 1545-0047

Under section 501(c)(3), 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.

2020 **Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or for your beginning, 2020, and ending, 2020

1 Check if applicable:
☐ a. Check if applicable:
☐ b. Check if applicable:
☐ c. Check if applicable:
☐ d. Check if applicable:
☐ e. Check if applicable:
☐ f. Check if applicable:
☐ g. Check if applicable:
☐ h. Check if applicable:
☐ i. Check if applicable:
☐ j. Check if applicable:
☐ k. Check if applicable:
☐ l. Check if applicable:
☐ m. Check if applicable:
☐ n. Check if applicable:
☐ o. Check if applicable:
☐ p. Check if applicable:
☐ q. Check if applicable:
☐ r. Check if applicable:
☐ s. Check if applicable:
☐ t. Check if applicable:
☐ u. Check if applicable:
☐ v. Check if applicable:
☐ w. Check if applicable:
☐ x. Check if applicable:
☐ y. Check if applicable:
☐ z. Check if applicable:

2 Check this box ☐ 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 VII, line 1a) **3**

4 Number of independent voting members of the governing body (Part VII, line 1b) **4**

5 Total number of individuals employed in calendar year 2020 (Part VII, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

7b Net unrelated business taxable income from Form 990-E, Part I, line 11 **7b**

8 Contributions and grants (Part VIII, line 1) **8**

9 Program service revenue (Part VIII, line 2g) **9**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **10**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a) **11**

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) **12**

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) **13**

14 Benefits paid to or for members (Part IX, column (A), line 4) **14**

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **15**

16a Professional fundraising fees (Part IX, column (A), line 11a) **16a**

16b Total fundraising expenses (Part IX, column (A), line 21) **16b**

17 Other expenses (Part IX, column (A), lines 11a–11c, 11d–11f, 11g–11i, 11j–11k, 11l–11m, 11n–11o, 11p–11q, 11r–11s, 11t–11u, 11v–11w, 11x–11y, 11z–11aa, 11ab–11ac, 11ad–11ae, 11af–11ag, 11ah–11ai, 11aj–11ak, 11al–11am, 11an–11ao, 11ap–11aq, 11ar–11as, 11at–11au, 11av–11aw, 11ax–11ay, 11az–11ba, 11bb–11bc, 11bd–11be, 11bf–11bg, 11bh–11bi, 11bj–11bk, 11bl–11bm, 11bn–11bo, 11bp–11bq, 11br–11bs, 11bt–11bu, 11bv–11bw, 11bx–11by, 11bz–11ca, 11cb–11cc, 11cd–11ce, 11cf–11cg, 11ch–11ci, 11cj–11ck, 11cl–11cm, 11cn–11co, 11cp–11cq, 11cr–11cs, 11ct–11cu, 11cv–11cw, 11cx–11cy, 11cz–11da, 11db–11dc, 11dd–11de, 11df–11dg, 11dh–11di, 11dj–11dk, 11dl–11dm, 11dn–11do, 11dp–11dq, 11dr–11ds, 11dt–11du, 11dv–11dw, 11dx–11dy, 11dz–11ea, 11eb–11ec, 11ed–11ee, 11ef–11eg, 11eh–11ei, 11ej–11ek, 11el–11em, 11en–11eo, 11ep–11eq, 11er–11es, 11et–11eu, 11ev–11ew, 11ex–11ey, 11ez–11fa, 11fb–11fc, 11fd–11fe, 11ff–11fg, 11fh–11fi, 11fj–11fk, 11fl–11fm, 11fn–11fo, 11fp–11fq, 11fr–11fs, 11ft–11fu, 11fv–11fw, 11fx–11fy, 11fz–11ga, 11gb–11gc, 11gd–11ge, 11gf–11gg, 11gh–11gi, 11gj–11gk, 11gl–11gm, 11gn–11go, 11gp–11gq, 11gr–11gs, 11gt–11gu, 11gv–11gw, 11gx–11gy, 11gz–11ha, 11hb–11hc, 11hd–11he, 11hf–11hg, 11hh–11hi, 11hj–11hk, 11hl–11hm, 11hn–11ho, 11hp–11hq, 11hr–11hs, 11ht–11hu, 11hv–11hw, 11hx–11hy, 11hz–11ia, 11ib–11ic, 11id–11ie, 11if–11ig, 11ih–11ii, 11ij–11ik, 11il–11im, 11in–11io, 11ip–11iq, 11ir–11is, 11it–11iu, 11iv–11iw, 11ix–11iy, 11iz–11ja, 11jb–11jc, 11jd–11je, 11jf–11jg, 11jh–11ji, 11jj–11jk, 11jl–11jm, 11jn–11jo, 11jp–11jq, 11jr–11js, 11jt–11ju, 11jv–11jw, 11jx–11jy, 11jz–11ka, 11kb–11kc, 11kd–11ke, 11kf–11kg, 11kh–11ki, 11kj–11kk, 11kl–11km, 11kn–11ko, 11kp–11kq, 11kr–11ks, 11kt–11ku, 11kv–11kw, 11kx–11ky, 11kz–11la, 11lb–11lc, 11ld–11le, 11lf–11lg, 11lh–11li, 11lj–11lj, 11lk–11lk, 11ll–11ll, 11lm–11lm, 11ln–11ln, 11lo–11lo, 11lp–11lp, 11lr–11lr, 11lt–11lt, 11lv–11lv, 11lx–11lx, 11ly–11ly, 11lz–11lz, 11ma–11ma, 11mb–11mb, 11mc–11mc, 11md–11md, 11me–11me, 11mf–11mf, 11mg–11mg, 11mh–11mh, 11mi–11mi, 11mj–11mj, 11mk–11mk, 11ml–11ml, 11mn–11mn, 11mo–11mo, 11mp–11mp, 11mq–11mq, 11mr–11mr, 11ms–11ms, 11mt–11mt, 11mv–11mv, 11mw–11mw, 11mx–11mx, 11my–11my, 11mz–11ma, 11na–11na, 11nb–11nb, 11nc–11nc, 11nd–11nd, 11ne–11ne, 11nf–11nf, 11ng–11ng, 11nh–11nh, 11ni–11ni, 11nj–11nj, 11nk–11nk, 11nl–11nl, 11no–11no, 11np–11np, 11nq–11nq, 11nr–11nr, 11ns–11ns, 11nt–11nt, 11nv–11nv, 11nw–11nw, 11nx–11nx, 11ny–11ny, 11nz–11na, 11oa–11oa, 11ob–11ob, 11oc–11oc, 11od–11od, 11oe–11oe, 11of–11of, 11og–11og, 11oh–11oh, 11oi–11oi, 11oj–11oj, 11ok–11ok, 11ol–11ol, 11om–11om, 11on–11on, 11op–11op, 11oq–11oq, 11or–11or, 11os–11os, 11ot–11ot, 11ov–11ov, 11ow–11ow, 11ox–11ox, 11oy–11oy, 11oz–11na, 11pa–11pa, 11pb–11pb, 11pc–11pc, 11pd–11pd, 11pe–11pe, 11pf–11pf, 11pg–11pg, 11ph–11ph, 11pi–11pi, 11pj–11pj, 11pk–11pk, 11pl–11pl, 11pm–11pm, 11pn–11pn, 11po–11po, 11pp–11pp, 11pq–11pq, 11pr–11pr, 11ps–11ps, 11pt–11pt, 11pv–11pv, 11pw–11pw, 11px–11px, 11py–11py, 11pz–11na, 11qa–11qa, 11qb–11qb, 11qc–11qc, 11qd–11qd, 11qe–11qe, 11qf–11qf, 11qg–11qg, 11qh–11qh, 11qi–11qi, 11qj–11qj, 11qk–11qk, 11ql–11ql, 11qm–11qm, 11qn–11qn, 11qo–11qo, 11qp–11qp, 11qq–11qq, 11qr–11qr, 11qs–11qs, 11qt–11qt, 11qv–11qv, 11qw–11qw, 11qx–11qx, 11qy–11qy, 11qz–11na, 11ra–11ra, 11rb–11rb, 11rc–11rc, 11rd–11rd, 11re–11re, 11rf–11rf, 11rg–11rg, 11rh–11rh, 11ri–11ri, 11rj–11rj, 11rk–11rk, 11rl–11rl, 11ro–11ro, 11rp–11rp, 11rq–11rq, 11rr–11rr, 11rs–11rs, 11rt–11rt, 11rv–11rv, 11rw–11rw, 11rx–11rx, 11ry–11ry, 11rz–11na, 11sa–11sa, 11sb–11sb, 11sc–11sc, 11sd–11sd, 11se–11se, 11sf–11sf, 11sg–11sg, 11sh–11sh, 11si–11si, 11sj–11sj, 11sk–11sk, 11sl–11sl, 11sm–11sm, 11sn–11sn, 11so–11so, 11sp–11sp, 11sq–11sq, 11sr–11sr, 11ss–11ss, 11st–11st, 11sv–11sv, 11sw–11sw, 11sx–11sx, 11sy–11sy, 11sz–11na, 11ta–11ta, 11tb–11tb, 11tc–11tc, 11td–11td, 11te–11te, 11tf–11tf, 11tg–11tg, 11th–11th, 11ti–11ti, 11tj–11tj, 11tk–11tk, 11tl–11tl, 11to–11to, 11tp–11tp, 11tq–11tq, 11tr–11tr, 11ts–11ts, 11tt–11tt, 11tv–11tv, 11tw–11tw, 11tx–11tx, 11ty–11ty, 11tz–11na, 11ua–11ua, 11ub–11ub, 11uc–11uc, 11ud–11ud, 11ue–11ue, 11uf–11uf, 11ug–11ug, 11uh–11uh, 11ui–11ui, 11uj–11uj, 11uk–11uk, 11ul–11ul, 11um–11um, 11un–11un, 11uo–11uo, 11up–11up, 11uq–11uq, 11ur–11ur, 11us–11us, 11ut–11ut, 11uv–11uv, 11uw–11uw, 11ux–11ux, 11uy–11uy, 11uz–11na, 11va–11va, 11vb–11vb, 11vc–11vc, 11vd–11vd, 11ve–11ve, 11vf–11vf, 11vg–11vg, 11vh–11vh, 11vi–11vi, 11vj–11vj, 11vk–11vk, 11vl–11vl, 11vm–11vm, 11vn–11vn, 11vo–11vo, 11vp–11vp, 11vq–11vq, 11vr–11vr, 11vs–11vs, 11vt–11vt, 11vv–11vv, 11vw–11vw, 11vx–11vx, 11vy–11vy, 11vz–11na, 11wa–11wa, 11wb–11wb, 11wc–11wc, 11wd–11wd, 11we–11we, 11wf–11wf, 11wg–11wg, 11wh–11wh, 11wi–11wi, 11wj–11wj, 11wk–11wk, 11wl–11wl, 11wm–11wm, 11wn–11wn, 11wo–11wo, 11wp–11wp, 11wq–11wq, 11wr–11wr, 11ws–11ws, 11wt–11wt, 11wv–11wv, 11ww–11ww, 11wx–11wx, 11wy–11wy, 11wz–11na, 11xa–11xa, 11xb–11xb, 11xc–11xc, 11xd–11xd, 11xe–11xe, 11xf–11xf, 11xg–11xg, 11xh–11xh, 11xi–11xi, 11xj–11xj, 11xk–11xk, 11xl–11xl, 11xm–11xm, 11xn–11xn, 11xo–11xo, 11xp–11xp, 11xq–11xq, 11xr–11xr, 11xs–11xs, 11xt–11xt, 11xv–11xv, 11xw–11xw, 11xx–11xx, 11xy–11xy, 11xz–11na, 11ya–11ya, 11yb–11yb, 11yc–11yc, 11yd–11yd, 11ye–11ye, 11yf–11yf, 11yg–11yg, 11yh–11yh, 11yi–11yi, 11yj–11yj, 11yk–11yk, 11yl–11yl, 11ym–11ym, 11yn–11yn, 11yo–11yo, 11yp–11yp, 11yq–11yq, 11yr–11yr, 11ys–11ys, 11yt–11yt, 11yv–11yv, 11yw–11yw, 11yx–11yx, 11yz–11na, 11za–11za, 11zb–11zb, 11zc–11zc, 11zd–11zd, 11ze–11ze, 11zf–11zf, 11zg–11zg, 11zh–11zh, 11zi–11zi, 11zj–11zj, 11zk–11zk, 11zl–11zl, 11zm–11zm, 11zn–11zn, 11zo–11zo, 11zp–11zp, 11zq–11zq, 11zr–11zr, 11zs–11zs, 11zt–11zt, 11zv–11zv, 11zw–11zw, 11zx–11zx, 11zy–11zy, 11zz–11na

19 Revenue less expenses. Subtract line 18 from line 12 **19**

20 Total assets (Part X, line 16) **20**

21 Total liabilities (Part X, line 20) **21**

22 Net assets or fund balances. Subtract line 21 from line 20 **22**

23 Signature of officer **23**

24 Signature of preparer **24**

25 Signature of preparer **25**

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271 Signature of preparer **271**

272 Signature of preparer

Federal Business Tax Return (Nonprofit Organizations)

IRS Form 990-Z

2020

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c)(3), 527, or 4947(a)(2) 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

Department of the Treasury
Internal Revenue Service

For the 2020 calendar year, or for year beginning January 1st 2020, and ending December 31st 2020

1. Name of the organization
2. Address (street, P.O. box, and city or town, state or foreign postal code)
3. Telephone number
4. Website
5. Accounting Method
6. Form of organization
7. Tax-exempt status (check one)
8. Form of organization (check one)
9. Tax-exempt status (check one)
10. Gross income from fundraising events (add lines 10a and 10b and subtract line 10c)
11. Less: direct expenses from fundraising events (add lines 11a and 11b and subtract line 11c)
12. Net income or (loss) from fundraising events (add lines 12a and 12b and subtract line 12c)
13. Gross sales of inventory, less returns and allowances
14. Less: cost of goods sold
15. Gross profit or (loss) from sales of inventory (subtract line 15b from line 15a)
16. Other revenue (describe in Schedule G)
17. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)
18. Grants and similar amounts paid (see Schedule G)
19. Benefits paid to or for members
20. Salaries, other compensation, and employee benefits
21. Professional fees and other payments to independent contractors
22. Occupancy, rent, utilities, and maintenance
23. Printing, publications, postage, and shipping
24. Other expenses (describe in Schedule G)
25. Total expenses (add lines 18 through 24)
26. Excess or (deficit) for the year (subtract line 25 from line 17)
27. Net assets or fund balances at beginning of year (from line 27, column (a)) (must agree with end-of-year figure reported on prior year's return)
28. Other changes in net assets or fund balances (explain in Schedule G)
29. Net assets or fund balances at end of year (Combine lines 27 through 28)

2021

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c)(3), 527, or 4947(a)(2) 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

Department of the Treasury
Internal Revenue Service

For the 2021 calendar year, or for year beginning January 1st 2021, and ending December 31st 2021

1. Name of the organization
2. Address (street, P.O. box, and city or town, state or foreign postal code)
3. Telephone number
4. Website
5. Accounting Method
6. Form of organization
7. Tax-exempt status (check one)
8. Form of organization (check one)
9. Tax-exempt status (check one)
10. Gross income from fundraising events (add lines 10a and 10b and subtract line 10c)
11. Less: direct expenses from fundraising events (add lines 11a and 11b and subtract line 11c)
12. Net income or (loss) from fundraising events (add lines 12a and 12b and subtract line 12c)
13. Gross sales of inventory, less returns and allowances
14. Less: cost of goods sold
15. Gross profit or (loss) from sales of inventory (subtract line 15b from line 15a)
16. Other revenue (describe in Schedule G)
17. Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)
18. Grants and similar amounts paid (see Schedule G)
19. Benefits paid to or for members
20. Salaries, other compensation, and employee benefits
21. Professional fees and other payments to independent contractors
22. Occupancy, rent, utilities, and maintenance
23. Printing, publications, postage, and shipping
24. Other expenses (describe in Schedule G)
25. Total expenses (add lines 18 through 24)
26. Excess or (deficit) for the year (subtract line 25 from line 17)
27. Net assets or fund balances at beginning of year (from line 27, column (a)) (must agree with end-of-year figure reported on prior year's return)
28. Other changes in net assets or fund balances (explain in Schedule G)
29. Net assets or fund balances at end of year (Combine lines 27 through 28)


DO NOT USE. EXAMPLE ONLY.

2020

2021

Tax-Exempt Status (Nonprofit Organizations Only)

501(c)(3) Tax Determination Letter



Treasury
Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date: 07/27/2021
Employer ID number: 61-1944325
Person to contact: Name: Mrs. Hein
ID number: 31072
Telephone: 877-829-6500
Accounting period ending: December 31
Public charity status: 170(c)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required: Yes
Effective date of exemption: June 13, 2019
Contribution deductibility: Yes
Addendum applies: No
DUE: 26053441005261

Dear Applicant:

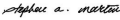
We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible contributions, services, transfers of assets under Section 2055, 2512, or 2522. This letter could help resolve questions you have about your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.


If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 301027

501(c)(6) Tax Determination Letter



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

Date: 12/17/2020
Employer ID number: [REDACTED]
Form 990/990-EZ/990-N required: Yes
Effective date of exemption: September 23, 2020
Contribution deductibility: No
Addendum applies: No
DUE: [REDACTED]

Dear Applicant:


We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(6). This letter could help resolve questions on your exempt status. Please keep it for your records.

Donors cannot deduct contributions they make to you under IRC Section 170(c)(2).

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.


If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Director, Exempt Organizations
Rulings and Agreements

Continued next page.

501(c)(19) Tax Determination Letter



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities

THE UNITED STATES ARMY WARRANT OFFICERS ASSOCIATION

Date:
05/24/2021
Employer ID number:
52-0992682
Person to contact:
Name: Ms. Chien
D number: 32071
Telephone: (877) 829-5500
Accounting period ending:
December 31
Form 990/990-EZ/990-N required:
Yes
Effective date of exemption:
February 24, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DUE:
29053062305021

Letter 948 (Rev. 3-2020)
Catalog Number 35151 E

DO NOT USE. EXAMPLE ONLY.

Payroll Records

2021

PRF Feb 7	PRF Feb 11	PRF Mar 6	PRF Mar 20	General Journal	General Ledger													
This is Prevost's payroll register for 02/07/2020 pay date. There is nothing to be completed on this tab.																		
Run Date	02/07/2021			Company Name: Prevost Farms and Sugarhouse														
PRF end date	02/07/2021			Check Date: 02/12/2021														
Name	Filing Status	Dependents	Hourly Rate or Period Wage	No. of Regular Hours	No. of Overtime Hours	No. of Holiday Hours	Commissions	Gross Earning	401(k)	Section 125	Child Care	FSA	Educational Assistance	Life Insurance	Long term Care	Taxable Wages for Federal WH	Taxable Wages for FICA	
Thomas Milen	MJ	3 <17, 1 Other	\$ 24.17582	35				\$ 846.15	\$ 25.38	\$ 185.00							\$ 635.77	\$ 661.15
Avery Towle	S	None	13.40000	35				\$ 469.00	23.45	170.00							275.55	289.00
Charlie Long	MJ	2 <17	12.90000	35				\$ 451.50	13.93	185.00							365.23	365.25
Mary Shengraw	S	1 Other	10.70000	40				\$ 428.00	6.30	170.00							331.15	352.25
Kristen Lewis	MJ	2 <17, 1 Other	20.24943	35				\$ 718.23	28.77	80.00							639.46	648.00
Joel Schwartz	MJ	2 <17	19.69344	35				\$ 688.77	35.82	190.00							652.95	668.59
Toxi Prevost	MJ	3 <17, 2 Other	31.64335	35				\$ 1,107.52	66.40	190.00							1,041.12	1,079.92
Student Success	S	None	13.84305	35				\$ 483.48	9.74	170.00							383.74	393.22
Totals								\$ 5,124.53	\$ 297.49	\$ 1,420.00							\$ 3,497.04	\$ 3,704.53
Name	Gross Earning	Taxable Wages for Federal WH	Taxable Wages for FICA	Federal WH Tax	Social Security Tax	Medicare WH Tax	State WH Tax	Garnishment	United Way	Gym	Total Deductions	Net Pay	Check No.					
Thomas Milen	\$ 846.15	\$ 635.77	\$ 661.15	\$ 0.00	\$ 40.99	\$ 9.59	\$ 21.30				\$ 282.26	\$ 563.89	0628					
Avery Towle	\$ 469.00	\$ 275.55	\$ 289.00	\$ 0.00	\$ 18.54	\$ 4.34	\$ 9.23				\$ 255.56	\$ 213.44	0629					
Charlie Long	\$ 451.50	\$ 365.23	\$ 365.25	\$ 0.00	\$ 22.52	\$ 5.27	\$ 11.80				\$ 215.04	\$ 236.46	0630					
Mary Shengraw	\$ 428.00	\$ 331.15	\$ 352.25	\$ 0.00	\$ 3.72	\$ 8.87	\$ 1.78				\$ 163.27	\$ 264.73	0631					
Kristen Lewis	\$ 718.23	\$ 639.46	\$ 648.23	\$ 0.00	\$ 33.12	\$ 7.75	\$ 16.93				\$ 271.57	\$ 446.66	0632					
Joel Schwartz	\$ 688.77	\$ 652.95	\$ 668.59	\$ 0.00	\$ 33.89	\$ 7.82	\$ 17.09				\$ 284.67	\$ 404.11	0633					
Toxi Prevost	\$ 1,107.69	\$ 856.23	\$ 922.69	\$ 0.00	\$ 72.21	\$ 13.36	\$ 28.66				\$ 350.73	\$ 756.96	0634					
Student Success	\$ 488.08	\$ 388.38	\$ 398.08	\$ 0.00	\$ 19.72	\$ 4.61	\$ 10.33				\$ 214.42	\$ 273.66	0635					
Totals	\$ 5,124.53	\$ 3,497.04	\$ 3,704.53	\$ 0.00	\$ 229.68	\$ 53.73	\$ 117.14				\$ 2,028.04	\$ 3,096.49						

PRF Feb 7 >

PRF Feb 21 >

2022

Payroll Register Template

Total Hours											Withholdings & Deductions							
Payment Date	Pay Period	Employee Number	Last Name	First Name	Reg. Hrs	Reg. Hrs Rate	O.T. Hrs	O.T. Hrs Rate	Total Reg. Pay	Total O.T. Pay	GROSS PAY (\$)	State Tax	Federal Income Tax	Social Security	Medicare	Total Tax Withheld	Insurance Deduction	NET PAY (\$)
31/Oct/2016	1/10/16-31/10/16					\$ 28.00		\$ 48.00				7.00%	15.00%	6.20%	1.45%		3.00%	
31/Oct/2016	1/10/16-31/10/16	1	Name1	Name1	36	720.00	15	600.00	25,920.00	9,000.00	34,920.00	2,444.40	5,238.00	2,165.04	506.34	10,353.78	1,047.60	23,518.62
31/Oct/2016	1/10/16-31/10/16	2	Name2	Name2	25	500.00	5	200.00	12,500.00	1,000.00	13,500.00	945.00	2,025.00	837.00	195.75	4,002.75	405.00	9,092.25
31/Oct/2016	1/10/16-31/10/16	3	Name3	Name3	30	600.00	10	400.00	18,000.00	4,000.00	22,000.00	1,540.00	3,300.00	1,364.00	319.00	6,523.00	660.00	14,817.00
31/Oct/2016	1/10/16-31/10/16	4	Name4	Name4	15	300.00	2	80.00	4,500.00	160.00	4,660.00	326.20	696.00	288.92	67.57	1,381.69	139.80	3,138.51
31/Oct/2016	1/10/16-31/10/16	5	Name5	Name5	22	440.00	5	200.00	9,680.00	1,000.00	10,680.00	747.60	1,602.00	662.16	154.86	3,166.62	320.40	7,167.98
31/Oct/2016	1/10/16-31/10/16	6	Name6	Name6	40	800.00	5	200.00	32,000.00	1,000.00	33,000.00	2,310.00	4,950.00	2,046.00	478.50	9,784.50	990.00	22,225.50
31/Oct/2016	1/10/16-31/10/16	7	Name7	Name7	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	8	Name8	Name8	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	9	Name9	Name9	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	10	Name10	Name10	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	11	Name11	Name11	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	12	Name12	Name12	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
31/Oct/2016	1/10/16-31/10/16	13	Name13	Name13	56	1,120.00	10	400.00	62,720.00	4,000.00	66,720.00	4,670.40	10,008.00	4,136.64	967.44	19,782.48	2,001.60	44,935.92
SAMPLE ONLY.																		
Total		COUNT	13		560	11,200.00	112	4,480.00	\$41,640.00	\$4,160.00	\$85,800.00	\$1,006.00	\$7,870.00	\$3,319.60	\$,494.10	\$17,689.70	\$17,574.00	\$394,536.30

2021

2022

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer (Check one)	None apply <input type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
	CT-1 <input type="checkbox"/>	Hahld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>			State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay						
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person		Employer's telephone number		For Official Use Only				
Employer's fax number		Employer's email address						

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2021 Department of the Treasury Internal Revenue Service

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008				
b Kind of Payer (Check one)	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	Kind of Employer (Check one)	None apply <input type="checkbox"/>	501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
	CT-1 <input type="checkbox"/>	Hahld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>			State/local non-501c <input type="checkbox"/>	State/local 501c <input type="checkbox"/>	Federal govt. <input type="checkbox"/>
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld		
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld		
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld		
g Employer's address and ZIP code				7 Social security tips		8 Allocated tips		
				11 Nonqualified plans		12a Deferred compensation		
h Other EIN used this year				13 For third-party sick pay use only		12b		
15 State Employer's state ID number		14 Income tax withheld by payer of third-party sick pay						
16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		
Employer's contact person		Employer's telephone number		For Official Use Only				
Employer's fax number		Employer's email address						

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** 2022 Department of the Treasury Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

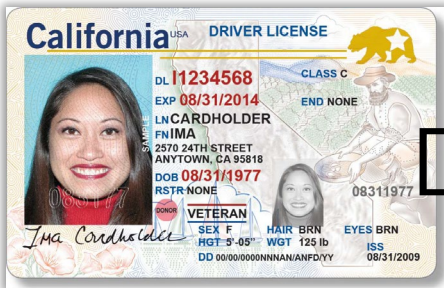
Acceptable Government-Issued Photo ID

Acceptable forms of government-issued photo ID:

- Driver's license
- State ID
- U.S. passport or foreign passport

The following forms of ID will **NOT** be accepted:

- Expired IDs
- Bus Passes
- School IDs
- Union IDs
- Job Badges



Driver's License



United States
Passport

DO NOT USE. EXAMPLE ONLY.

Tips for Applying



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

Tip #1: Use Google Chrome

For the best user experience, please use Google Chrome throughout the entire application process.

Other web browsers may not support our interface and can cause errors in your application.

If you do not have Google Chrome on your device, you can download it for free at <https://www.google.com/chrome/>.

Before you begin the application, please do the following on Google Chrome:

1. **Clear Your Cache**
2. **Use Incognito Mode**
3. **Disable Pop-Up Blocker**

Clear Your Cache

Cached data is information that has been stored from a previously used website or application and is primarily used to make the browsing process faster by auto-populating your information. However, cached data may also include outdated information such as old passwords or information you have previously entered incorrectly. This can create errors in your application and may result in it being flagged for potential fraud.

Use Incognito Mode

Incognito mode allows you to enter information privately and prevents your data from being remembered or cached.

Disable Pop-Up Blocker

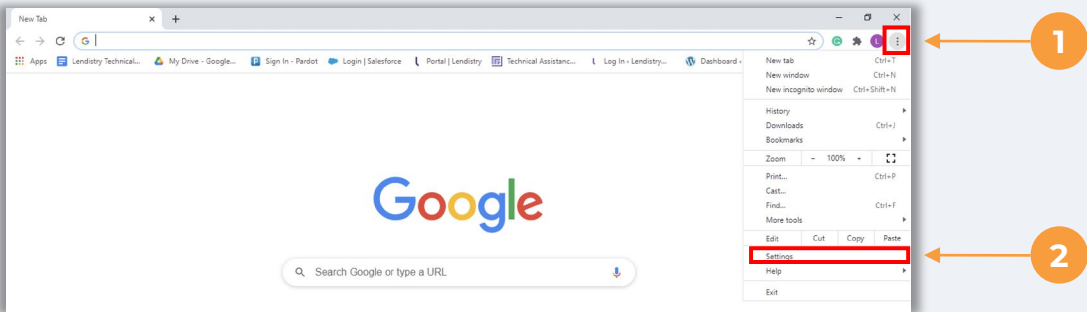
Our application includes multiple pop-up messages that are used to confirm the accuracy of the information you provide. You must disable the pop-up blocker on Google Chrome to see these messages.

Continued next page.

How to Clear Your Cache

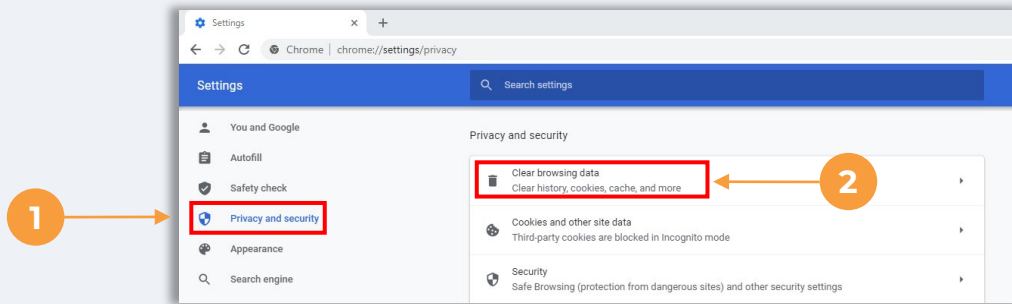
Step 1

Open a new Google Chrome window, click the three dots in the upper right corner, and then go to **“Settings.”**



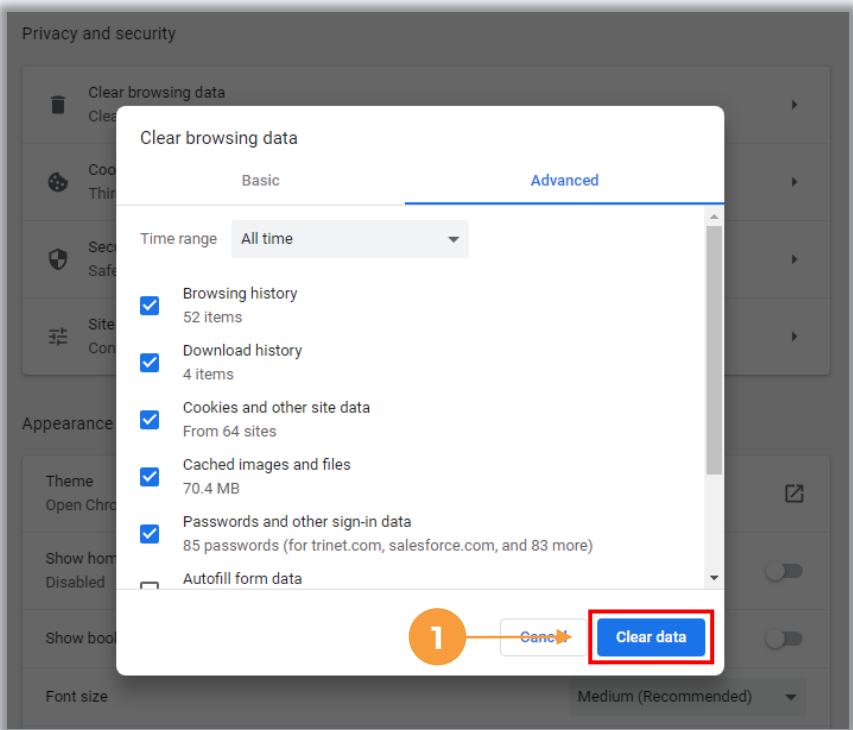
Step 2

Go to **“Privacy and Security”**, and then select **“Clear Browsing Data.”**



Step 3

Select **“Clear Data.”**

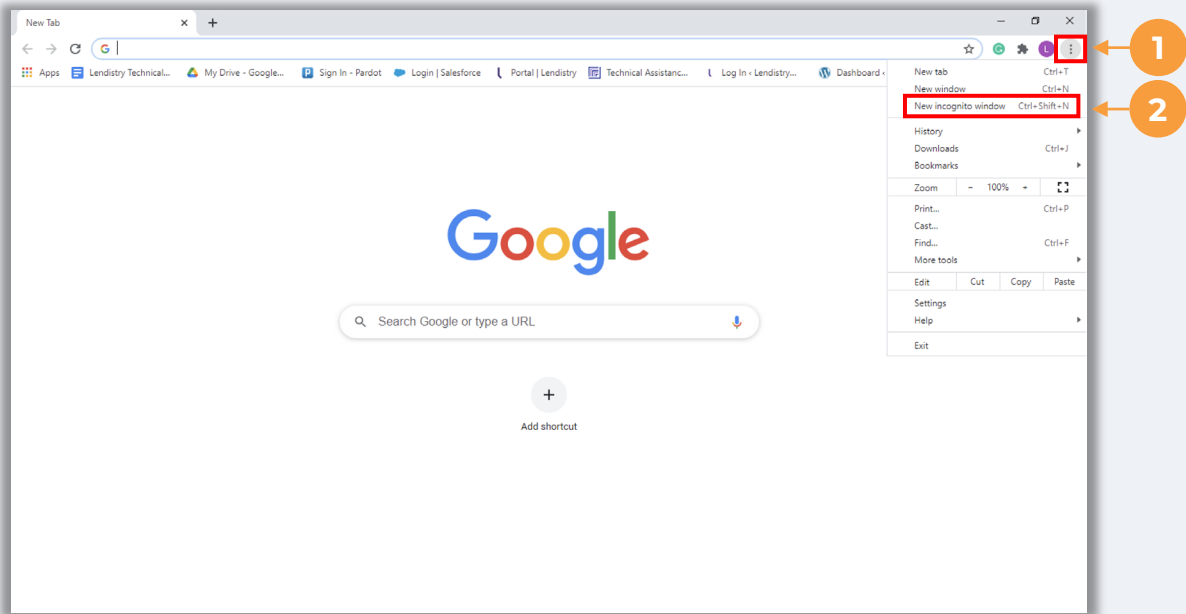


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How to Use Incognito Mode

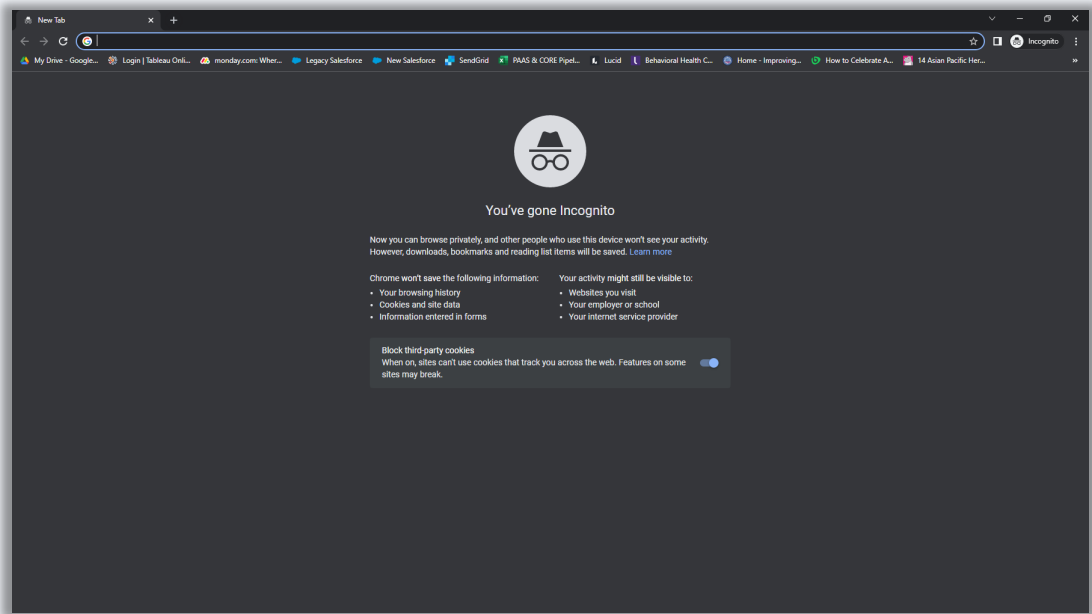
Step 1

Click the three dots in the upper right corner of your web browser, and then select “**New incognito window.**”



Step 2

Your browser will open a new Google Chrome window. Use incognito mode throughout the entire application process.

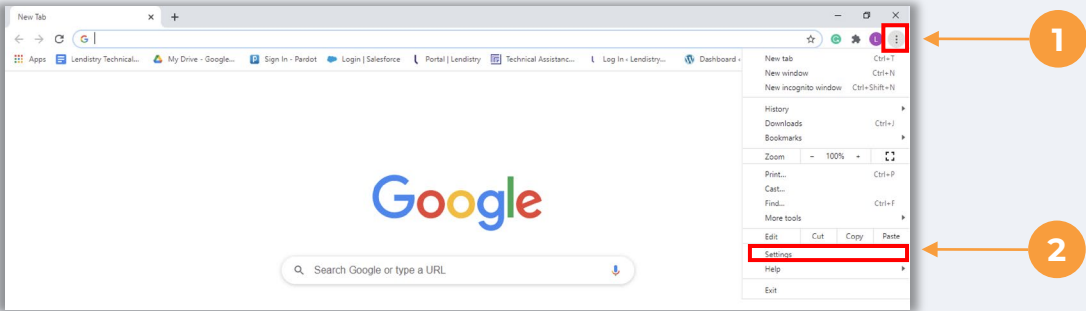


Continued next page.

How to Disable Pop-Up Blockers

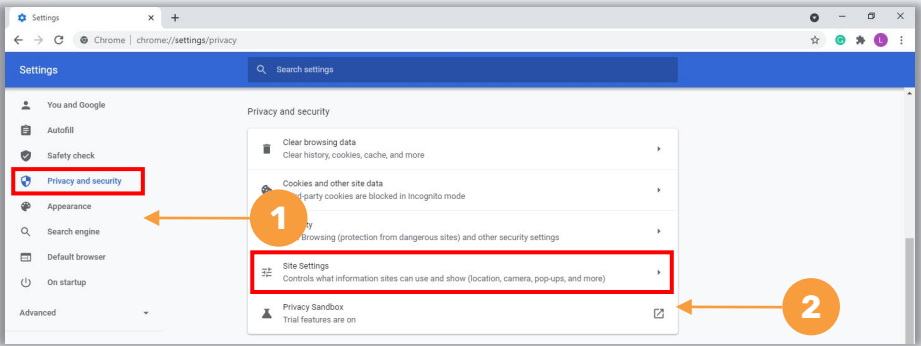
Step 1

Open a new Google Chrome window, click the three dots in the upper right corner, and then go to **“Settings.”**



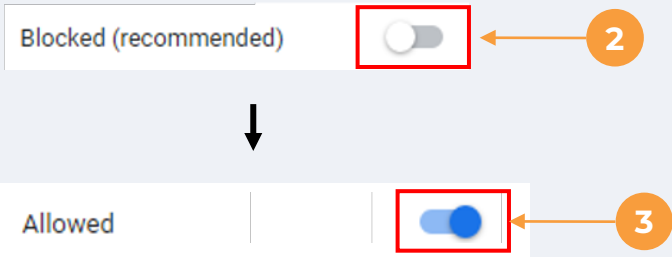
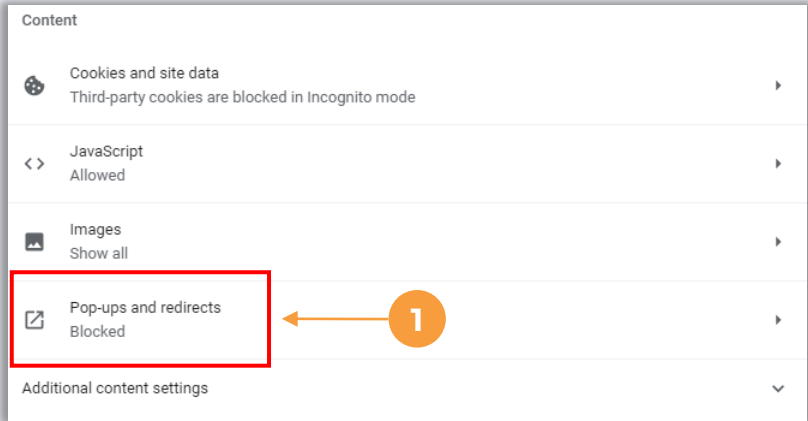
Step 2

Go to **“Privacy and Security,”** and then select **“Site Settings.”**



Step 3

Select **“Pop-ups and Redirects.”** Click the button so that it turns blue and the status changes from **“Blocked”** to **“Allowed.”**



Tip #2: Prepare Your Documents in PDF Format

All required documents must be uploaded to the Portal in PDF format only. The documents must be clear, aligned straight, and contain no disruptive backgrounds when uploaded.

Important Notes for Uploading Documents:

1. All documents must be submitted in PDF format (Government-issued ID may be submitted as a PDF or JPEG).
2. File size must be under 15MB.
3. The file name CANNOT contain any special characters (!@#\$%^&*()_+).
4. If your file is password protected, you will need to enter it in.

Don't have a scanner?

We recommend downloading and using a free mobile scanning app.

Genius Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

Adobe Scan

Apple | [Click Here to Download](#)
Android | [Click Here to Download](#)

Sample: Correct Upload

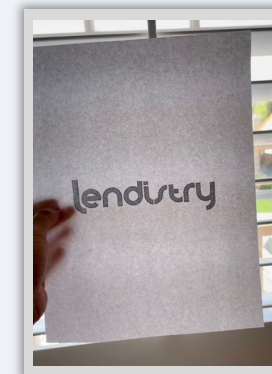


Document is clear and aligned straight.

Sample: Incorrect Upload



1



2

1. Document not aligned straight.
2. Document is in front of window (busy background) and a hand is seen in the photo.

Tip #3: Use a Valid Email Address

Please make sure you are using a valid email address and that it is spelled correctly in the application.

- Updates and additional guidance for your application will be sent to the email address you provide. Certain email addresses cannot be recognized in Lendistry's system and may cause delays in communication regarding your application.

If you used an incorrect or invalid email address in your application, please contact our Customer Experience Center at 1-888- 208-0015, Monday through Friday (7:00 a.m.-7:00 p.m. PDT) to update your information.

DO NOT submit a new application. Submitting multiple applications may be detected as potential fraud and disrupt the review process for your application.

Invalid Email Addresses

The following email addresses will not be accepted or recognized in our system:

Emails *beginning* with **info@**

Example: info@mycompany.com

Emails *ending* with **@contact.com** or **@noreply.com**

Example: mycompany@contact.com

Example: mycompany@noreply.com

Tip #4: Review Best Practices to Successfully Complete Persona

What is Persona?

Persona is a third-party platform utilized by Lendistry in its fraud prevention and mitigation process. The Persona platform enables Lendistry to verify an individual's identity and protect against identity spoofing by automatically comparing the individual's selfie to their ID portrait with a 3-point composite and biometric liveness check.

- Applicants will be required to verify their identity using Persona by uploading a picture of a valid government-issued photo ID. Acceptable forms of government-issued photo ID include:
 - Driver's License
 - State ID
 - U.S. Passport or Foreign Passport
- Applicants will also need to take a selfie using a device with a front-facing camera to complete the Persona verification.

Best Practices to Successfully Complete Persona

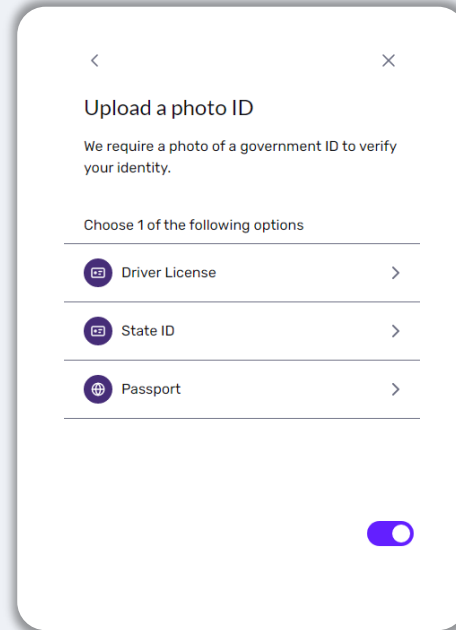
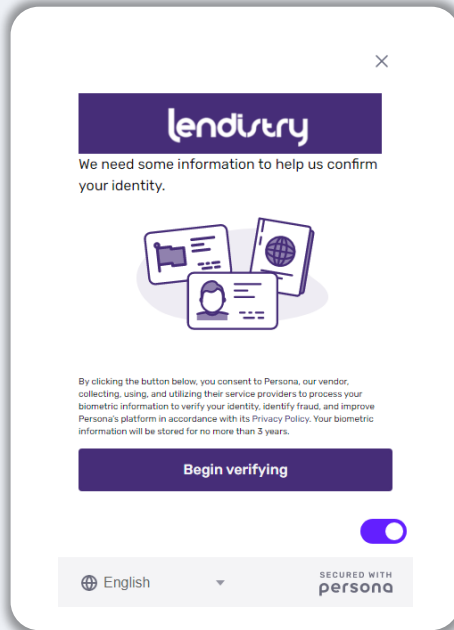
1. Use a front-facing device. If you work on your application on a laptop or computer that does not have a camera, you will be given the option to complete Persona using a mobile device at any time by clicking "Continue on another device" and scanning the QR code provided or requesting a link via SMS or Email.
 - Once you complete Persona on your mobile device, you will be automatically redirected to your application on your laptop or computer.
2. Take a picture of the front and back of your government-issued ID *before* starting Persona and save it on the device you will use to take your selfie to be efficient.
 - Place your government-issued ID on a plain white surface and use adequate lighting.
 - Do not use flash as it may cause a glare.
3. When taking your selfie, use adequate lighting pointed toward your face while avoiding bright light sources from behind.
 - Stand in front of a blank wall or door and avoid busy backgrounds.
 - Do not use flash as it may cause a glare.

Continued next page.

Tip #4: Review Best Practices to Successfully Complete Persona

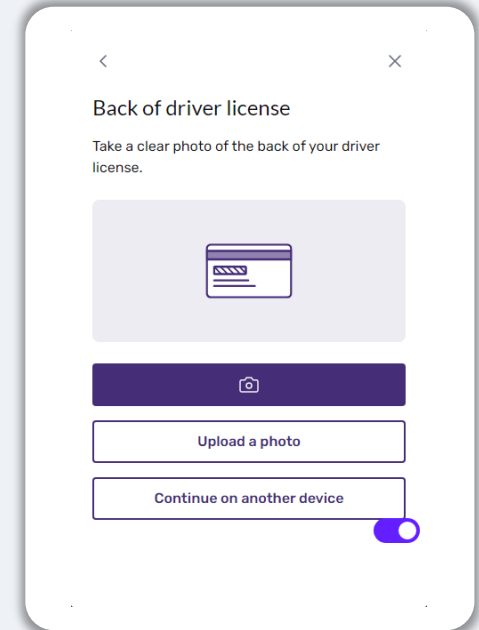
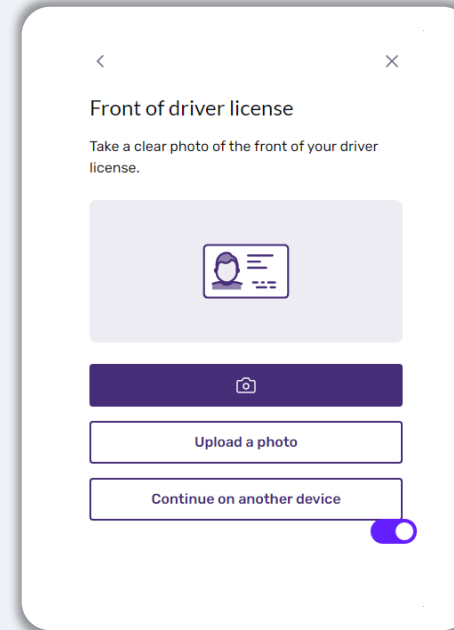
Step 1

Click on **“Begin Verifying,”** and then select the type of government-issued ID you will use to verify your identity.



Step 2

Take or upload a picture of the **front** side of your ID. Select “Use this File” to continue. See [page 31](#) for best practices on how to complete this step.

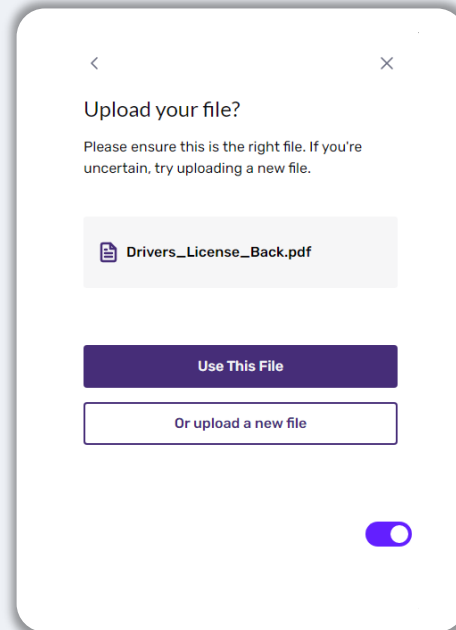
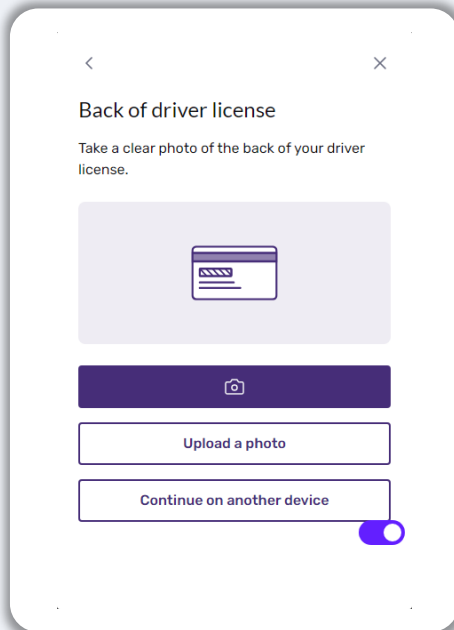


Continued next page.

Tip #4: Review Best Practices to Successfully Complete Persona

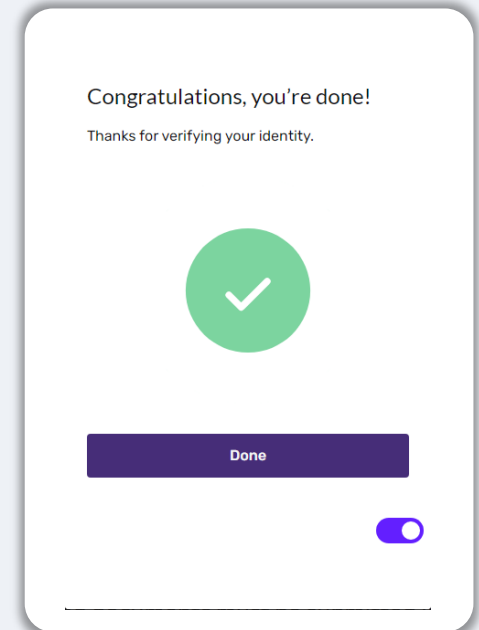
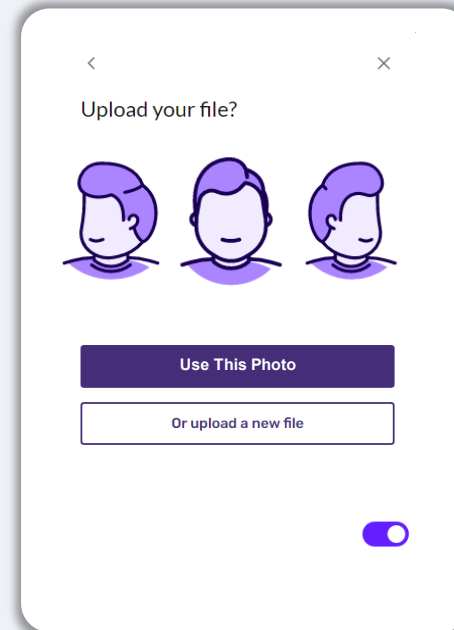
Step 3

Take or upload a picture of the **back** side of your ID. Select “Use this File” to continue. See [page 31](#) for best practices on how to complete this step.



Step 4

Using a **front-facing** device with a camera, follow the prompt on the screen to take a selfie by looking forward, left, and then right. See [page 31](#) for best practices on how to complete this step. Once complete, select “Done” and you will be redirected to the application.



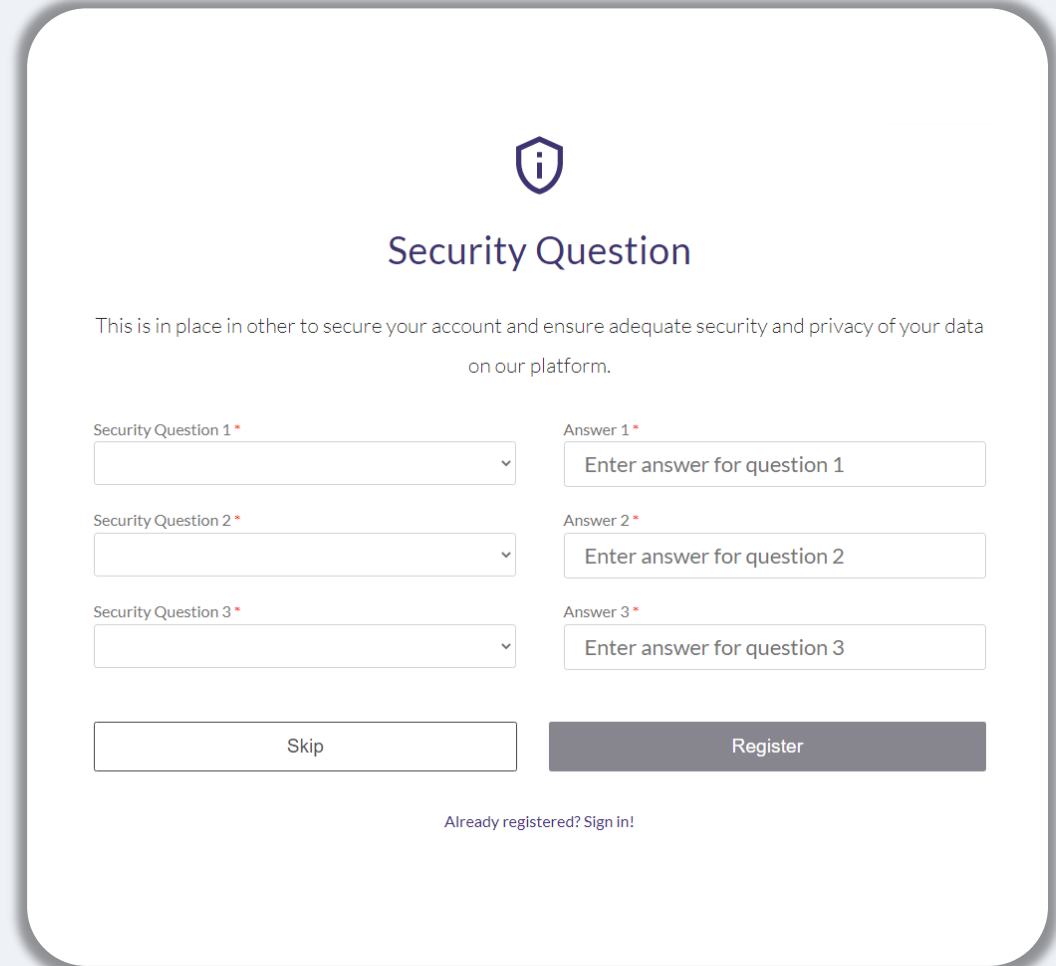
Tip #5: Set Your Security Questions in Lendistry's Portal

Lendistry's Portal for the Program has a feature that allows you to set a series of security questions to protect and allow you to unlock your account when there are too many failed attempts to access it.

The security questions are meant to prevent unauthorized access to your portal account. You can select any question available in the drop-down menu; however, we **strongly** recommend you choose questions with answers that are personal to you or only you will know.

Make note of the answers to your security questions. They are case-sensitive, and you will need to enter them exactly as you set them when unlocking your account.

Review [pages 52-56](#) for instructions on how to troubleshoot or unlock your account.



The screenshot shows a 'Security Question' setup interface. At the top, there is a shield icon with an 'i' inside. Below it, the title 'Security Question' is displayed. A message states: 'This is in place in order to secure your account and ensure adequate security and privacy of your data on our platform.' The form consists of three rows, each with a 'Security Question' dropdown menu and an 'Answer' text input field. The questions are labeled 'Security Question 1', 'Security Question 2', and 'Security Question 3', each followed by a red asterisk. The answers are labeled 'Answer 1', 'Answer 2', and 'Answer 3', each followed by a red asterisk. The input fields contain placeholder text: 'Enter answer for question 1', 'Enter answer for question 2', and 'Enter answer for question 3'. At the bottom, there are two buttons: 'Skip' and 'Register'. Below the buttons, there is a link: 'Already registered? Sign in!'.

How to Start an Application



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

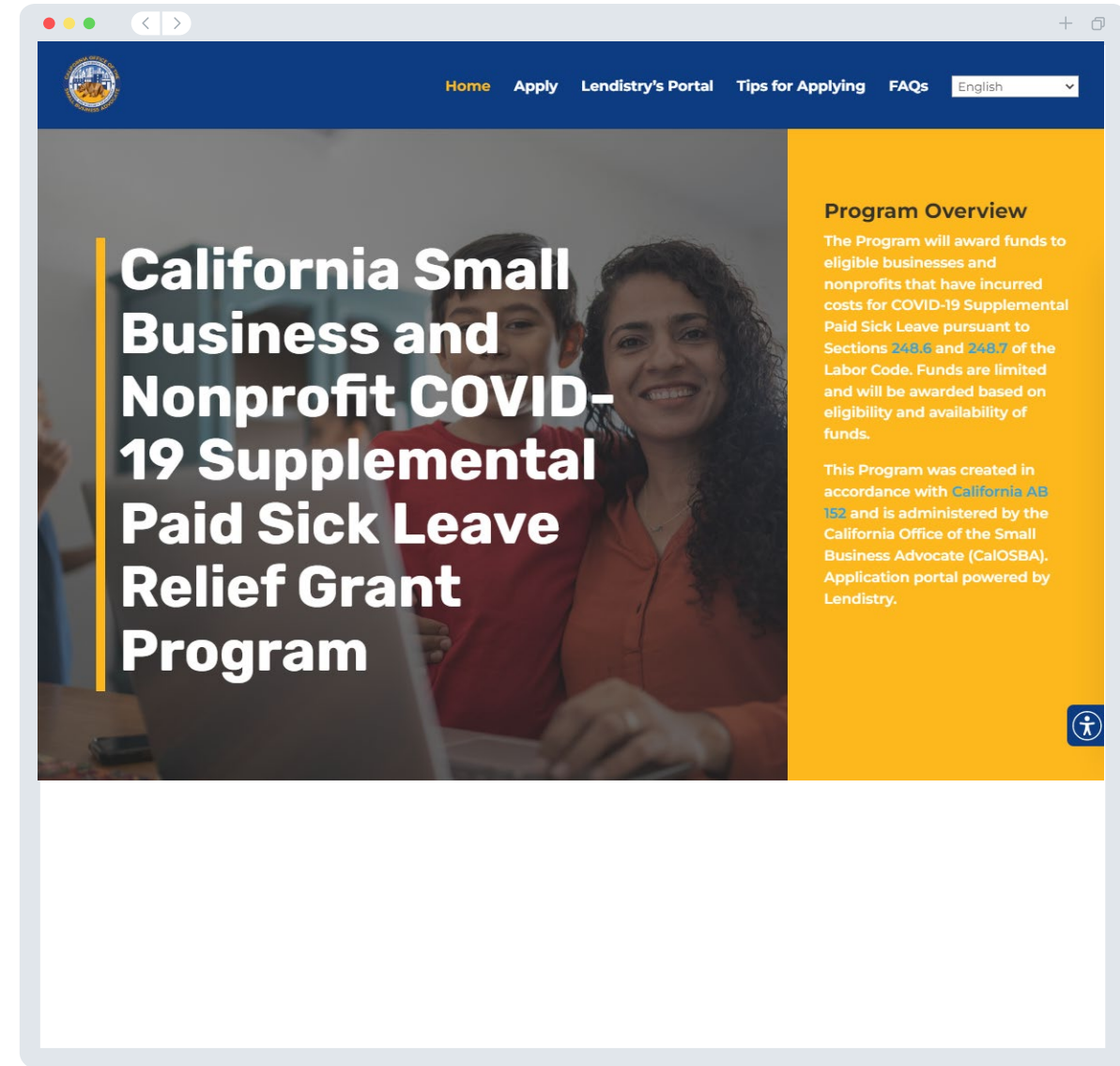
Where to Apply

You can start an application by visiting the Program's website at www.caspsl.com.

1. To start a new application, select “**Apply**” from the menu. You will be redirected to Lendistry's Application Portal.
2. You will be able to access and manage your application at any time by clicking “**Lendistry's Portal**.”

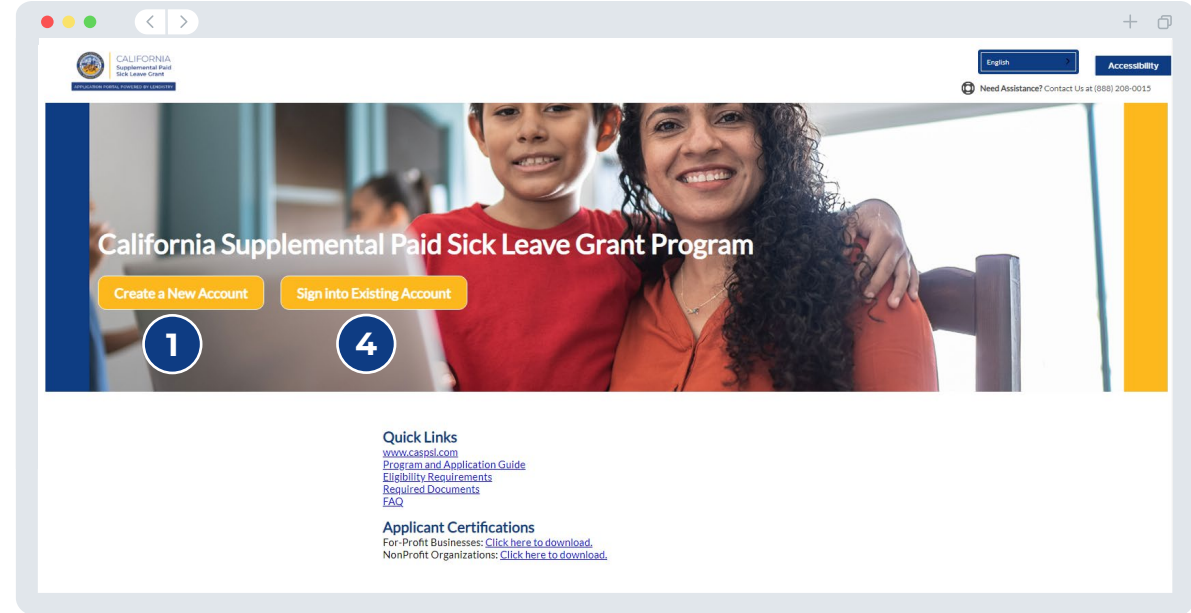
The Program's website also contains various resources to help guide you through the entire application process. Resources include:

- Guidelines for the Program
- Program and Application Guide
- Applicant Certifications Download
- Customer Experience Center Number and Hours
- FAQ
- Tips for Applying



1. To start an application, you will need to **“Create a New Account.”**
2. Register the primary email address used by the owner of the entity for which you are applying. This is where you will receive important information and updates regarding your application.
3. Signing into Lendistry Portal requires a Multi-Factor Authentication. Each time you sign in, a confirmation code will be sent to the mobile number you register. You will need to enter this code to access your Portal account.
4. You can access your application at any time by clicking **“Sign into Existing Account.”** Once signed in, you will see the status of your application.

If you need assistance with creating or accessing your portal account, please contact Lendistry's dedicated Customer Experience Center at 1-888-208-0015, Monday through Friday (7:00 a.m.-7:00 p.m. PDT).



2

The screenshot shows the 'Welcome! Sign Up!' registration form in the Lendistry portal. The form has a clean, white background with a purple header. It includes input fields for 'First Name', 'Last Name', 'Email', 'Password', 'Confirm Password', and 'Phone Number'. There is a red error message 'First name is required' under the First Name field. A purple 'Register' button is at the bottom.

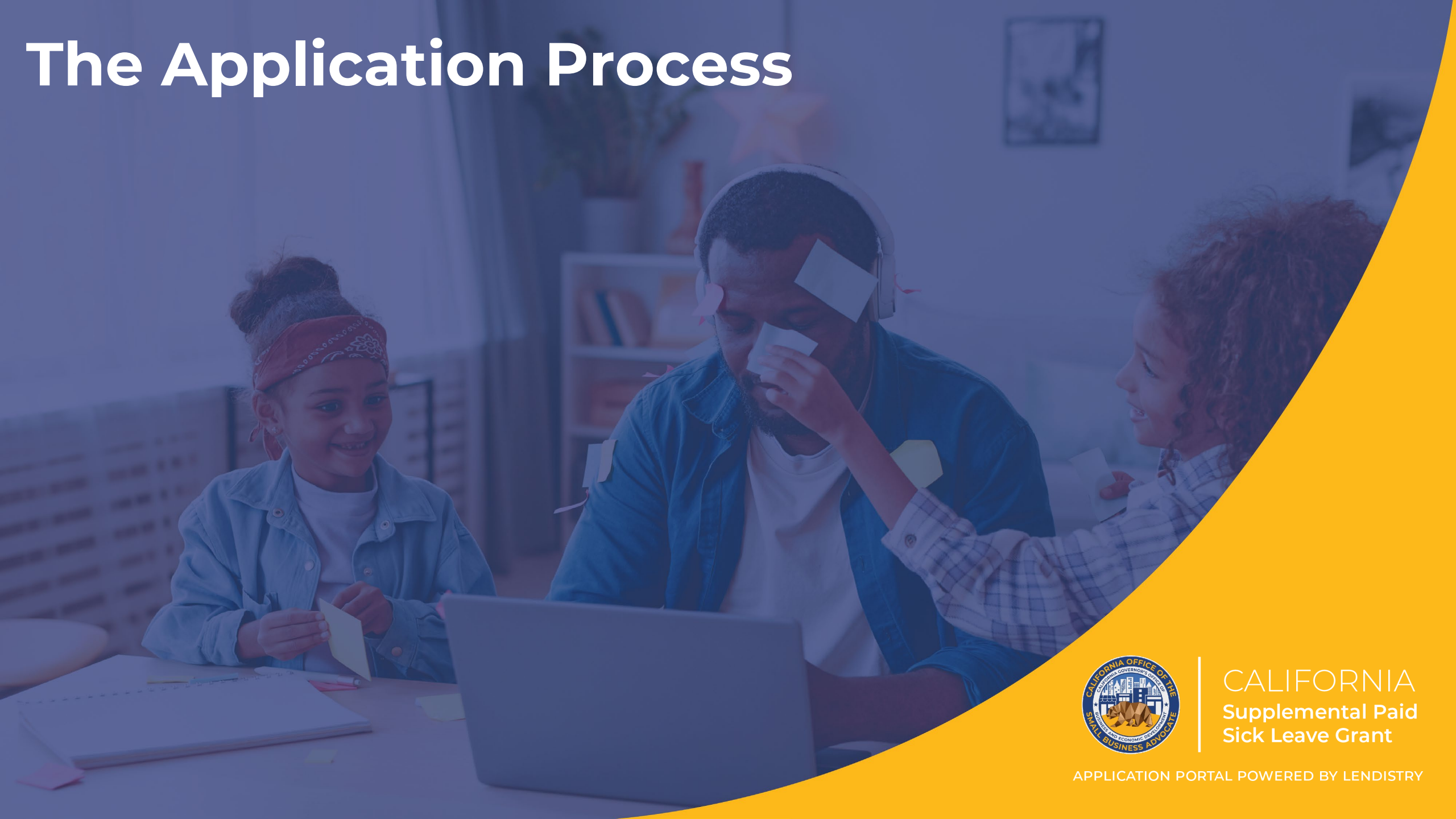
Register your email and phone number.

3

The screenshot shows the 'Enter confirmation code' screen. It has a white background with a purple header. The main text says 'Enter confirmation code'. Below that, it says 'We texted a confirmation code to +1 555-555-5555'. There is a numeric input field with six boxes. Below the input field is a 'Confirm' button and a link that says 'I didn't receive a code'.

Enter the confirmation code.

The Application Process



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

Section 1: Owner/Officer Details

We need information for the owner of your business or the officer/authorized signer of your nonprofit organization.

- Owner/Officer Legal First Name
- Owner/Officer Legal Last Name
- Owner/Officer Date of Birth
- Owner/Officer Email
- Title/Position
- Owner/Officer Residential Address Line 1 (P.O. Box not acceptable)
- Owner/Officer Residential Address Line 2 (P.O. Box not acceptable)
- Owner/Officer Residential City
- Owner/Officer Residential State
- Owner/Officer Residential Zip Code
- Owner/Officer Social Security or Individual Taxpayer Number (SSN or ITIN)¹
- Percentage of Ownership (%)
- Referral Partner²
- Owner/Officer Preferred Phone Number
- SMS/Text Policy³

¹Required to make sure applicant is not on the OFAC list.

²The referral partner you choose will not affect your application.

³Check the box if you would like to receive updates on your application during the review process via SMS/Text.

The screenshot shows a web browser window with the 'Owner/Officer Details' form. The form is part of a multi-step process, with 'Owner/Officer Details' being the first step. The form title is 'We need information for the owner of your business or the officer/authorized signer of your nonprofit organization.' Below the title, it says 'Please complete this section using information from the owner of your business or the officer/authorized signer of your nonprofit organization only.' The form fields are arranged in two columns. The first column includes: Owner/Officer Legal First Name, Owner/Officer Date of Birth (with Month, Day, and Year dropdowns), Title/Position, Owner/Officer Residential Address Line 2 (P.O. Box not acceptable), Owner/Officer State, Owner/Officer Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) (with a mask XXX-XX-XXXX), Referral Partner (a dropdown menu with 'Select an option'), and a checkbox for 'I accept the SMS/Text Policy'. The second column includes: Owner/Officer Legal Last Name, Owner/Officer Email, Owner/Officer Residential Address Line 1 (P.O. Box not acceptable), Owner/Officer City, Owner/Officer Zip Code, Percentage of Ownership (%), and Owner/Officer Preferred Phone Number. At the bottom of the form, there are three buttons: '+ Add Another Owner', 'Save and Continue Later', and 'Submit Ownership and Continue'.

Section 2: Business/Nonprofit Info - 1

Tell us about your business or nonprofit organization.

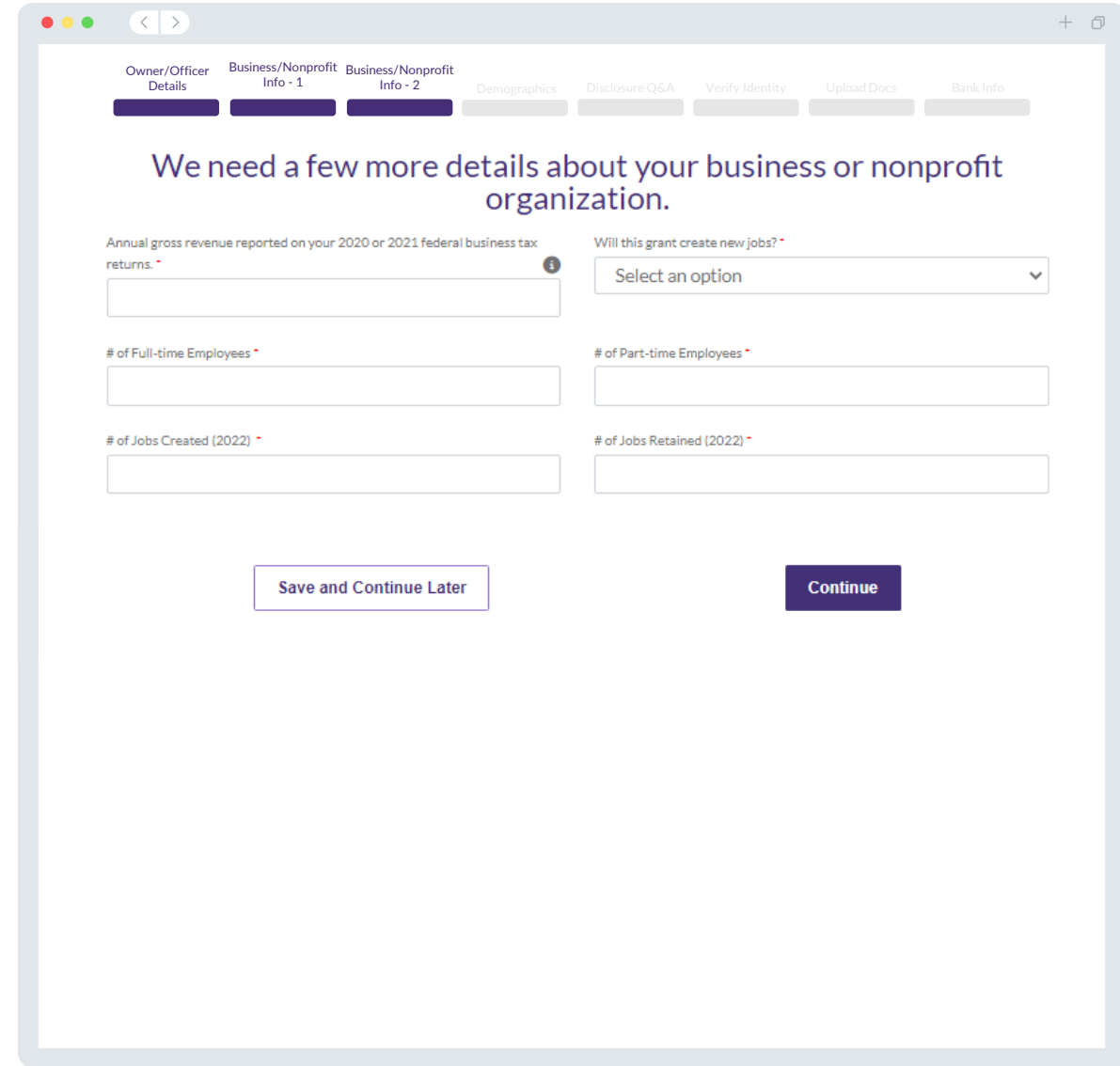
- Legal Name of Business or Nonprofit Organization
- Doing Business As (DBA) - (Type N/A if your business does not have a DBA.)
- Does your business have an Employer Identification Number (EIN)?
- Business or Nonprofit Organization Address Line 1 (Please enter physical address of business)
- Business or Nonprofit Organization Address Line 2 (Please enter physical address of business)
- Business or Nonprofit Organization City
- Business or Nonprofit Organization State
- Business or Nonprofit Organization Zip Code
- Business or Nonprofit Organization Phone Number
- Are you a Non-Profit or For-Profit business?
- Business or Nonprofit Organization Entity Type
- State of Formation
- Date Business or Nonprofit Organization Legally Registered
- Business or Nonprofit Organization Website URL - (Type N/A if your business does not have a website.)

The screenshot shows a web application window with a navigation bar at the top containing tabs: Owner/Officer Details, Business/Nonprofit Info - 1 (active), Business/Nonprofit Info - 2, Demographics, Disclosure Q&A, Verify Identity, Upload Docs, and Bank Info. The main heading is 'Tell us about your business or nonprofit organization.' followed by the instruction 'We need some basic information to validate your application.' The form is divided into two columns of input fields. The left column includes: 'Legal Name of Business or Nonprofit Organization *' (text box), 'Does your business or nonprofit organization have an Employer Identification Number (EIN)? *' (dropdown menu with 'Select an option'), 'Business or Nonprofit Organization Address Line 2 (P.O. Box not acceptable)' (text box), 'Business State *' (text box), 'Business or Nonprofit Organization Phone Number *' (text box with '+1-' prefix), 'Business or Nonprofit Organization Entity Type *' (dropdown menu with 'Select an option'), and 'Date Business or Nonprofit Organization Legally Registered *' (date picker with Month, Day, and Year dropdowns). The right column includes: 'Doing Business As (DBA) - (Please type N/A if not applicable) *' (text box), 'Business or Nonprofit Organization Address Line 1 (P.O. Box not acceptable) *' (text box), 'Business City *' (text box), 'Business Zip Code *' (text box), 'Does the owner/officer represent a for-profit business or nonprofit organization? *' (dropdown menu with 'Select an option'), 'State of Formation *' (dropdown menu with 'Select an option'), and 'Business or Nonprofit Organization Website URL - (Please type N/A if not applicable) *' (text box). At the bottom, there are two buttons: 'Save and Continue Later' and 'Continue'.

Section 3: Business/Nonprofit Info - 2

We need a few more details about your business or nonprofit organization.

- Annual gross revenue reported on your 2020 or 2021 federal business tax returns.
- Will this grant create new jobs?
- # of Full-time Employees
- # of Part-time Employees
- # of Jobs Created (2022)
- # of Jobs Retained (2022)



Owner/Officer Details Business/Nonprofit Info - 1 Business/Nonprofit Info - 2 Demographics Disclosure Q&A Verify Identity Upload Docs Bank Info

We need a few more details about your business or nonprofit organization.

Annual gross revenue reported on your 2020 or 2021 federal business tax returns. *

Will this grant create new jobs? *

Select an option ▼

of Full-time Employees *

of Part-time Employees *

of Jobs Created (2022) *

of Jobs Retained (2022) *

Save and Continue Later Continue

Section 4: Demographics

We want to learn more about your business or nonprofit organization.

The information provided on this page will not affect your eligibility. They are for reporting purposes only.

- Who is your customer base?
- NAICS code
- Women-Owned?
- Veteran-Owned?
- Disabled-Owned?
- Owner/Officer Race
- Owner/Officer Ethnicity
- Rural
- Franchise
- Owner/Officer Preferred Name

The screenshot shows a web application interface for the California Supplemental Paid Sick Leave Grant. At the top, a navigation bar includes tabs for 'Owner/Officer Details', 'Business/Nonprofit Info - 1', 'Business/Nonprofit Info - 2', 'Demographics' (which is active), 'Disclosure Q&A', 'Verify Identity', 'Upload Docs', and 'Bank Info'. Below the navigation bar, the heading 'We want to learn more about your business or nonprofit organization.' is displayed, followed by a subtext: 'The information provided on this page will not affect your eligibility. They are for reporting purposes only.' The form contains several input fields with red asterisks indicating required information:

- 'Who is your customer base?' with a dropdown menu labeled 'Select an option'.
- 'NAICS Code' with a text input field and a link 'Search for Your NAICS Code'.
- 'Veteran-Owned?' with a dropdown menu labeled 'Select an option'.
- 'Women-Owned?' with a dropdown menu labeled 'Select an option'.
- 'Disabled-Owned?' with a dropdown menu labeled 'Select an option'.
- 'Owner/Officer Race' with a dropdown menu labeled 'Select an option'.
- 'Owner/Officer Ethnicity' with a dropdown menu labeled 'Select an option'.
- 'Rural' with a dropdown menu labeled 'Select an option'.
- 'Franchise' with a dropdown menu labeled 'Select an option'.
- 'Owner/Officer Preferred Name' with a text input field.

At the bottom of the form, there are two buttons: 'Save and Continue Later' and 'Continue'.

Section 5: Disclosure Q&A

We have a few more questions to help determine your eligibility.

- How did you hear about this Program? (This question will not affect your eligibility.)
- As of the date of application, is your business or nonprofit organization open and operating?
- Is your business or nonprofit organization in substantial compliance with applicable federal, state, and local laws, regulations, and requirements?
- Did your business or nonprofit organization provide COVID-19 Supplemental Paid Sick Leave between January 1, 2022, and December 31, 2022?
- Did your business or nonprofit organization have 26 to 49 employees between January 1, 2021, and December 31, 2022?
- Is your business or nonprofit organization governed by the Industrial Welfare Commission Order No. 16-2001?
- Has the owner, or any officer or board member, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgement, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property?
- Is the owner, or any officer or board member, presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property?
- Does your business or nonprofit organization prepare its own tax returns?

The screenshot shows a web application interface for the California Supplemental Paid Sick Leave Grant. At the top, there is a navigation bar with tabs: Owner/Officer Details, Business/Nonprofit Info - 1, Business/Nonprofit Info - 2, Demographics, Disclosure Q&A (which is active), Verify Identity, Upload Docs, and Bank Info. Below the navigation bar, the heading "We have a few more questions to help us determine your eligibility." is displayed. A sub-header states: "Meeting the Program's minimum eligibility requirements does not guarantee funding. Your application will go through additional validation before we can determine if you are approved for a grant award." The form contains eight questions, each with a dropdown menu for the answer. The questions are: 1. How did you hear about this Program? (This question will not affect your eligibility.) 2. As of the date of application, is your business or nonprofit organization open and operating? 3. Is your business or nonprofit organization in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements? 4. Did your business or nonprofit organization provide COVID-19 Supplemental Paid Sick Leave between January 1, 2022, and December 31, 2022? 5. Did your business or nonprofit organization have 26 to 49 employees between January 1, 2021, and December 31, 2022? 6. Is your business or nonprofit organization governed by the Industrial Welfare Commission Order No. 16-2001? 7. Has the owner, or any officer or board member, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgement, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? 8. Is the owner, or any officer or board member, presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? At the bottom of the form, there are two buttons: "Save and Continue Later" and "Continue".

Owner/Officer Details Business/Nonprofit Info - 1 Business/Nonprofit Info - 2 Demographics Disclosure Q&A Verify Identity Upload Docs Bank Info

We have a few more questions to help us determine your eligibility.

Meeting the Program's minimum eligibility requirements does not guarantee funding. Your application will go through additional validation before we can determine if you are approved for a grant award.

How did you hear about this Program? (This question will not affect your eligibility.) *

Select an option

As of the date of application, is your business or nonprofit organization open and operating? *

Select an option

Is your business or nonprofit organization in substantial compliance with applicable federal, state, and local laws, regulations, codes, and requirements? *

Select an option

Did your business or nonprofit organization provide COVID-19 Supplemental Paid Sick Leave between January 1, 2022, and December 31, 2022? *

Select an option

Did your business or nonprofit organization have 26 to 49 employees between January 1, 2021 and December 31, 2022? *

Select an option

Is your business or nonprofit organization governed by the Industrial Welfare Commission Order No. 16-2001? *

Select an option

Has the owner, or any officer or board member, within the prior three years, been convicted of or had a civil judgment rendered against the owner, or has had commenced any form of parole or probation, including probation before judgement, for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? *

Select an option

Is the owner, or any officer or board member, presently indicted for or otherwise criminally or civilly charged by a federal, state, or local government entity, with commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local public transaction or contract under a public transaction, violation of federal or state antitrust or procurement statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? *

Select an option

Does your business or nonprofit organization prepare its own tax returns? *

Select an option

Save and Continue Later Continue

Section 6: Verify Identity

ID Verification

In this section, you will need to verify your identity using Persona by uploading a picture of your valid government-issued ID. Acceptable forms of government-issued ID include:

- Driver's License
- State ID or Foreign Matricula Card
- U.S. Passport or Foreign Passport

You will also need to take a selfie using a device with a front-facing camera. Review [slides 31-33](#) for best practices to successfully complete Persona.


What is Persona?

Persona is a third-party platform utilized by Lendistry in its fraud prevention and mitigation process. The Persona platform enables Lendistry to verify an individual's identity and protect against identity spoofing by automatically comparing the individual's selfie to their ID portrait with a 3-point composite and biometric liveness check.


The screenshot shows a web browser window with the Lendistry application portal. The top navigation bar includes links for Owner/Officer Details, Business/Nonprofit Info - 1, Business/Nonprofit Info - 2, Demographics, Disclosure Q&A, Verify Identity (which is highlighted), Upload Docs, and Bank Info. The main content area is titled "ID Verification" and "We need to verify" with a purple icon of a person and a document. Below this, a message states: "You will need to verify your identity by uploading a picture of your valid government-issued ID and taking a selfie using a device with a front-facing camera using Persona". There are two buttons: "Learn more about Persona" and "Begin Verification with Persona" (which is highlighted in purple). At the bottom, there is a "Save and Continue Later" button.

Section 7: Upload Docs

Step 1

Select the upload  icon to locate the document file on your device or drag and drop the file onto the icon.

Step 2

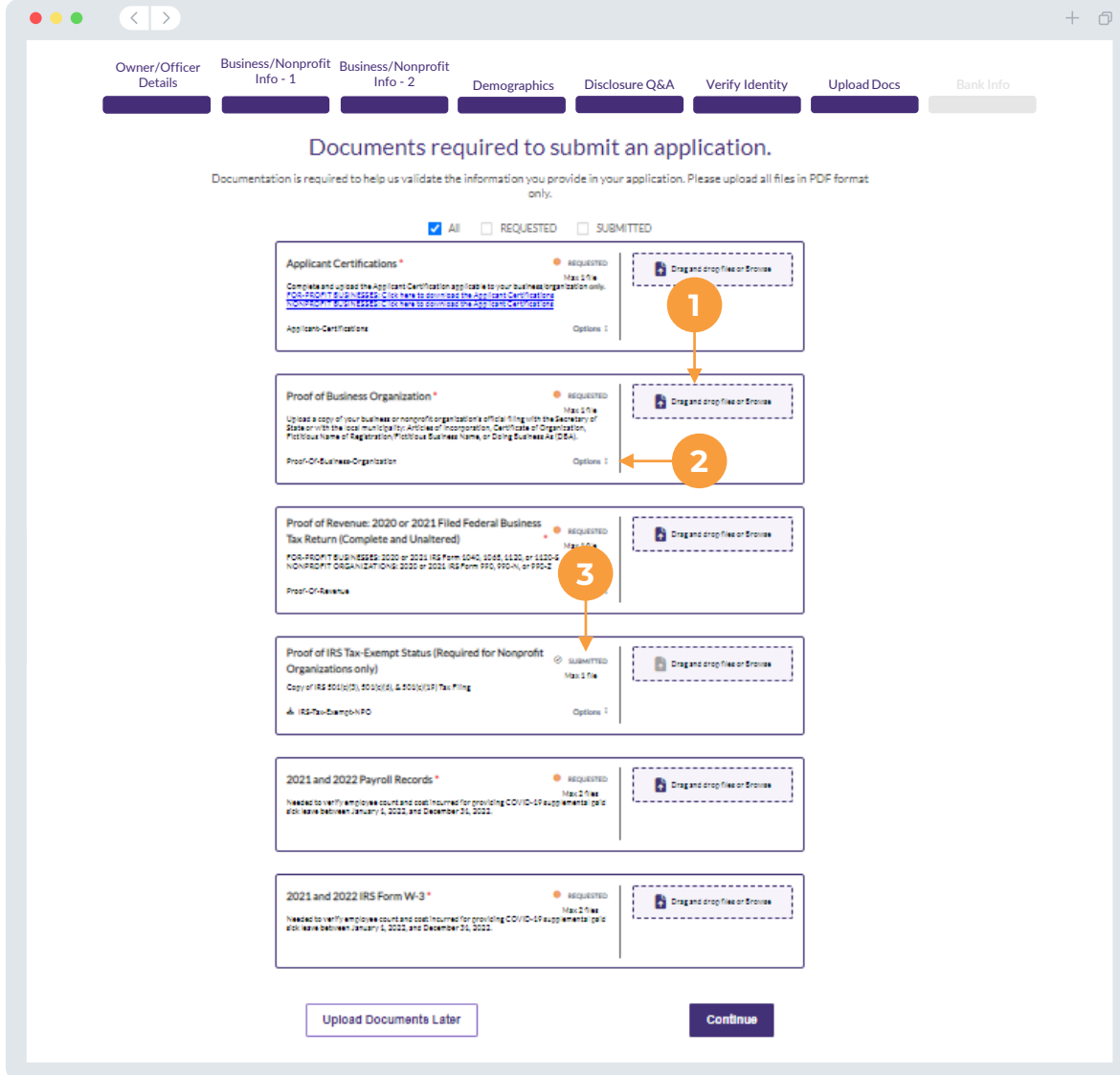
If your file requires a password to be viewed, click on the three dots  next to **“Options”** and select **“Set Password”** to enter the password. You can also click on the three dots to view, replace, or delete the file.

Step 3

Once your file has been uploaded, its status will change from  **“Requested”** to  **“Submitted.”**

Step 4

Repeat the steps above until all required documents have been uploaded.



Owner/Officer Details Business/Nonprofit Info - 1 Business/Nonprofit Info - 2 Demographics Disclosure Q&A Verify Identity Upload Docs Bank Info

Documents required to submit an application.

Documentation is required to help us validate the information you provide in your application. Please upload all files in PDF format only.

☒ All ☐ REQUESTED ☐ SUBMITTED

Applicant Certifications *

Complete and upload the Applicant Certification applicable to your business organization only.
[FOR-PROFIT BUS-APP-2021-01](#) [NON-PROFIT BUS-APP-2021-02](#) [FOR-PROFIT BUS-APP-2021-03](#) [NON-PROFIT BUS-APP-2021-04](#) [FOR-PROFIT BUS-APP-2021-05](#) [NON-PROFIT BUS-APP-2021-06](#)

Applicant-Certifications

Options: 1

Max 1 file

Drag and drop file or Browse

1

Proof of Business Organization *

Upload a copy of your business or nonprofit organization's official filing with the Secretary of State or with the local municipal Articles of Incorporation, Certificate of Organization, Fictitious Name of Registration, Fictitious Business Name, or Doing Business As (DBA).

Proof-Of-Business-Organization

Options: 1

Max 1 file

Drag and drop file or Browse

2

Proof of Revenue: 2020 or 2021 Filed Federal Business Tax Return (Complete and Unaltered)

FOR-PROFIT BUS-2020 or 2021 IRS Form 1040, 1040-E, 1040-SS, or 1040-S
NON-PROFIT ORGANIZATIONS: 2020 or 2021 IRS Form 990, 990-A, or 990-E

Proof-Of-Revenue

Options: 1

Max 1 file

Drag and drop file or Browse

3

Proof of IRS Tax-Exempt Status (Required for Nonprofit Organizations only)

Copy of IRS 501(c)(3), 501(c)(6), & 501(c)(29) Tax Filing

IRS-Tax-Exempt-NPO

Options: 1

Max 1 file

Drag and drop file or Browse

2021 and 2022 Payroll Records *

Needed to verify employee counts and cost incurred for providing COVID-19 supplemental paid sick leave between January 1, 2022, and December 31, 2022.

2021-and-2022-Payroll-Records

Options: 1

Max 2 files

Drag and drop file or Browse

2021 and 2022 IRS Form W-3 *

Needed to verify employee counts and cost incurred for providing COVID-19 supplemental paid sick leave between January 1, 2022, and December 31, 2022.

2021-and-2022-IRS-Form-W-3

Options: 1

Max 2 files

Drag and drop file or Browse

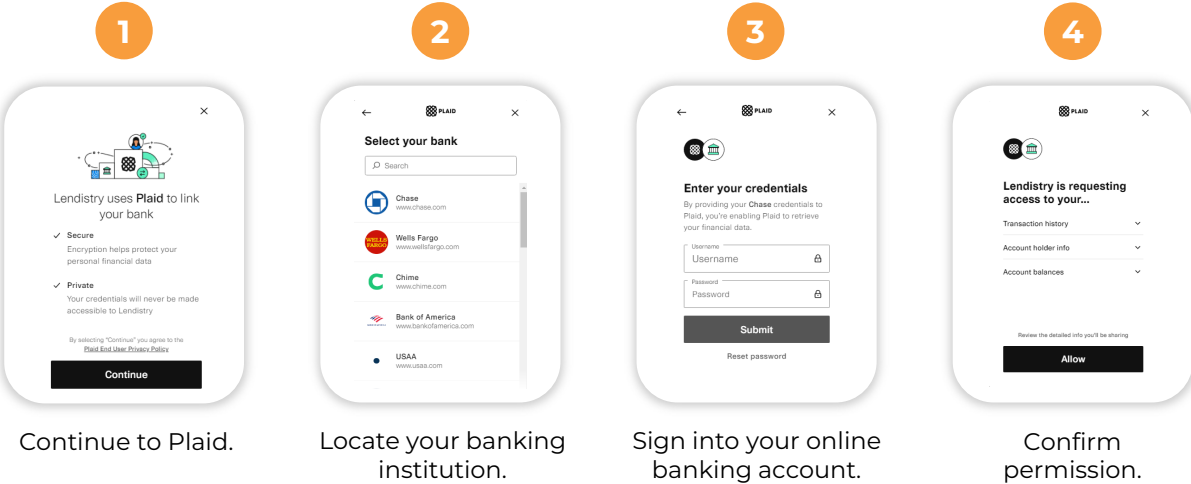
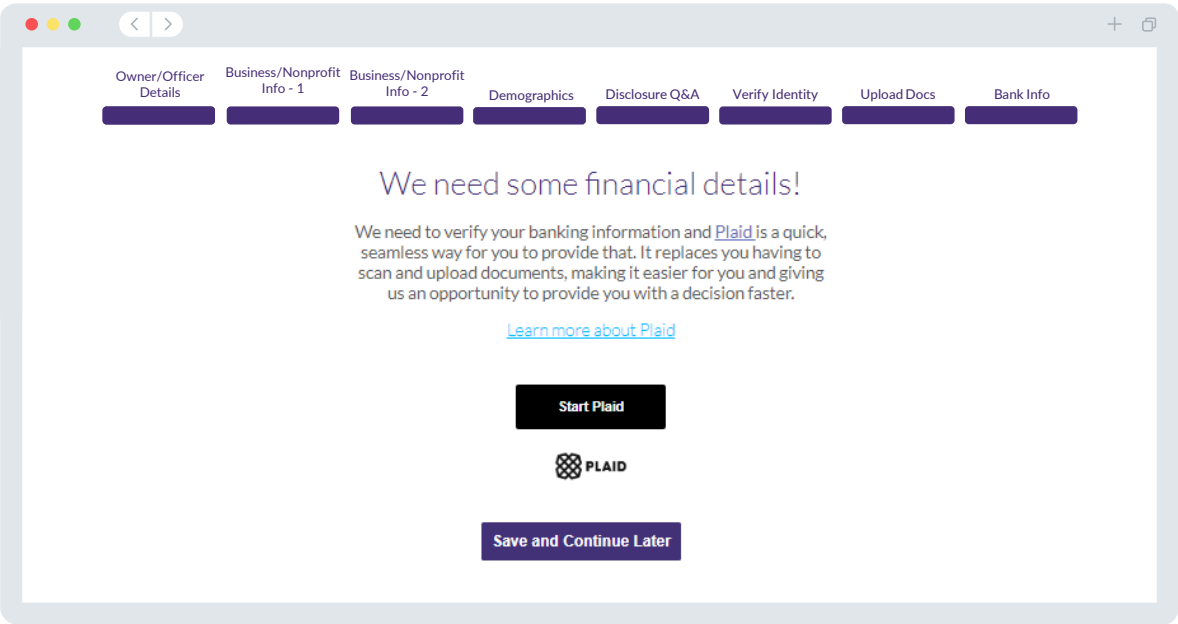
Upload Documents Later Continue

Why is your banking information needed?

Lendistry uses a third-party technology (Plaid) to verify your bank account and set up ACH transfers by connecting accounts from any bank or credit union in the U.S. to an app like Lendistry’s Portal. The third-party does not share your personal information without your permission and does not sell or rent it to outside companies.

This method of bank verification is preferred but will not always work if your banking institution is not available through the provider. In this case, you can verify your bank account by reaching out to Lendistry’s dedicated Customer Experience Center at 1-888- 208-0015 , Monday through Friday (7:00 a.m.-7:00 p.m. PDT).

Important Note: The bank account must be for the primary owner of the business.



Section 9: Review Your Application Before Submission

Before submitting your application, review all your responses and documentation for accuracy. **Once you submit your application, you will NOT be able to make edits.**

For your application to be reviewed by Lendistry, you must submit a complete application that includes:

1. All fields in the application form completed;
2. All required documents uploaded;
3. Your bank account connected via Plaid; and
4. Your identity verified via Persona.

Reviewing Your Application

1. If you need to edit your application, click on **“I have some edits!”** and fix all errors.
2. Read [Lendistry's Terms and Conditions](#) and check the box to agree.
3. If you would like to review and submit your application later, click on **“Save and Come Back Later.”** You can sign into the Portal at any time to complete your application and check for status updates.
4. After you have reviewed your application and confirmed that all information you have provided is accurate, click on **“Everything is Good, Submit Application”** to submit your application.

The screenshot shows the Lendistry application review portal. At the top, a progress bar indicates the status of various sections: Owner/Officer Details, Business/Nonprofit Info - 1, Business/Nonprofit Info - 2, Demographics, Disclosure Q&A, Verify Identity, Upload Docs, and Bank Info. The main heading is "Do you need to change anything?" followed by the instruction: "Please review your application and ensure all information is correct. Once the application is submitted, only the Financial Info & Uploaded Docs can be edited." Below this, a box titled "Uploaded Docs" shows the status of three documents: "Application Certification/Attestation SUBMITTED", "Proof of Business Organization SUBMITTED", and "2019 Federal Tax Return SUBMITTED". At the bottom, there are three numbered steps: 1. "I have some edits!" (with a pencil icon), 2. "By checking this box, you agree to these [terms and conditions](#)." (with a checked checkbox), and 3. "Everything is Good, Submit Application" (in a dark blue button). A fourth step, "Save and Come Back Later" (in a light blue button), is also visible.

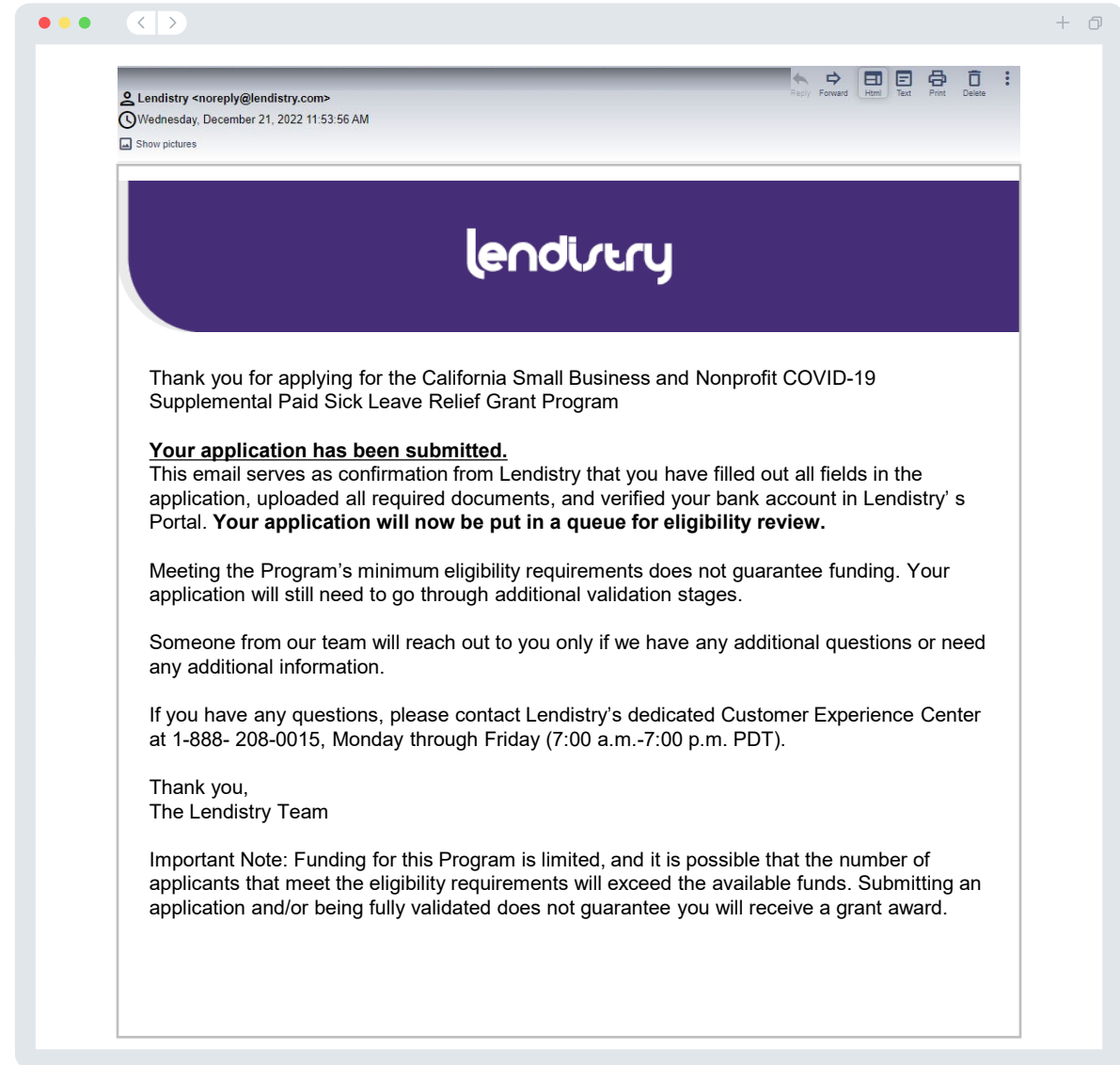
Application Submission

You will receive a confirmation email from Lendistry at noreply@lendistry.com to confirm your application has been received. If you did not receive a confirmation email after submitting your application, please check your spam folder for emails from noreply@lendistry.com and add the email address to your email account's safe sender list.

If more information or documents are needed, Lendistry may contact you by email, phone, and/or text (if authorized) to verify the information you submitted. **You must respond to all requests to keep your application in the review process.**

To avoid disruptions in the review process, please be sure to look out for communication from Lendistry and make sure you have all required documents readily available.

TIP: Place "Lendistry" in the search bar of your email.



The Review Process



CALIFORNIA
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APPLICATION PORTAL POWERED BY LENDISTRY

How will I know if I was awarded a grant?

The application process for this program contains multiple stages of validation. You must first meet the program's minimum eligibility requirements in order to be considered for a grant. **Important Note: Meeting the minimum eligibility requirements does not guarantee a grant award.**

Once you are determined to be eligible for this program, your application will then go through final validation to determine if you are approved or declined for funding. As part of this validation process, **you will be required to confirm certain information live over the telephone.** A member of Lendistry's team will reach out to you directly to complete this process.

Once your application is fully validated, you will receive an email from Lendistry to notify you if you have been approved or declined for grant funding.

How do I check the status of my application?

You can check the status of your application at any time by signing into Lendistry's Portal using the username, password, and mobile number that you registered. Once signed in, the status will appear on the dashboard.

Sign into Lendistry's Portal here:

<https://caspsl.mylendistry.com/landing>

My documents and bank information has been fully validated and I have been approved for funding. When will I receive funding?

Once your application has been fully validated and approved for grant funding, your grantee agreement and W-9 form will become available to you as a **DocuSign document** in Lendistry's Portal. Please sign in and follow the instructions from DocuSign to initial, sign, and date both documents.

Sign into Lendistry's Portal here:

<https://caspsl.mylendistry.com/landing>

Important Note: Your funds will not be released until this is complete.

Application Status

Status	What it Means	Action Required by Applicant
<i>Incomplete</i>	You have started an application but have not submitted it.	Complete all sections of the application within 30 days of starting it. Incomplete applications will not be reviewed or considered for a grant.
<i>Inactive</i>	Your application has been incomplete for more than 30 days and has been withdrawn from the review process.	If you would like to reinstate your inactive application, please contact our dedicated Customer Experience Center at 1-888-208-0015, Monday through Friday 7:00A.M.-7:00P.M. PDT.
<i>Application Submitted</i>	You have completed all sections and submitted an application.	No further action is required by you. Lendistry will reach out to you only if additional information or documents are needed.
<i>Application submitted, but additional docs required.</i>	You have submitted an application, but additional documentation or information is needed for Lendistry to process it.	Sign into Lendistry's portal and upload all new documents or information that were requested. Your application cannot be processed until this is complete.
<i>Application under review for minimum eligibility requirements.</i>	Your application and documentation have been processed. Your application is now under review for eligibility.	No further action is required by you. Lendistry will reach out to you once we determine if you are eligible or ineligible for a grant.
<i>Your application is INELIGIBLE because it does not meet the program's minimum eligibility requirements.</i>	Your application did not meet the Program's minimum eligibility requirements and will not be considered for a grant award.	You will be notified via email if you are ineligible for this grant program. If there was an error in your web application form or in the documentation provided as part of your application, please contact our dedicated Customer Experience Center within five (5) days of receiving this email. Please note that this will not guarantee a reversal of your ineligibility. Additional documents and information may be requested to further validate your application. If Lendistry does not hear from you within this timeframe, your ineligibility will stand, and your file will be closed.
<i>Your application meets the Program's minimum eligibility requirements and will move to the next validation stage.</i>	Your application meets the Program's minimum eligibility requirements and will go through validation to determine if you are approved or declined for a grant award.	No further action is required by you. Lendistry will reach out to you only if additional information or documents are needed.

Continued next page.

Application Status

Status	What it Means	Action Required by Applicant
<i>Additional documents are needed in order for your application to continue through the validation stage.</i>	Additional documents or information are needed to fully validate your application.	Sign into Lendistry's portal and upload all new documents or information that were requested. Your application cannot be validated until this is complete.
<i>Application Declined</i>	Your application has been declined for a grant award.	You will be notified via email if you are declined for a grant award. If you believe you were declined in error, please contact our dedicated Customer Experience Center within five (5) days of receiving this email. Please note that this will not guarantee a reversal of your ineligibility. Additional documents and information may be requested to further validate your application. If Lendistry does not hear from you within this timeframe, your decline determination will remain permanent, and your file will be closed
<i>Application Approved</i>	Your application has been approved for a grant award.	Your Award Disbursement Agreement and W-9 will be made available as a DocuSign document in Lendistry's portal. You will need to sign in and follow the instructions from DocuSign to initial, sign, and date both documents.
<i>Application Approved, Grants Docs Pending</i>	Your Award Disbursement Agreement and W-9 are available as a DocuSign document in Lendistry's portal.	Sign into Lendistry's portal and follow the instructions from DocuSign to initial, sign, and date both documents. Important Note: Your funds will not be released until this is complete.
<i>Grant Docs Received</i>	Lendistry has received your fully executed Award Disbursement Agreement and W-9. Your banking information will go through one last validation before funding. You will receive funds via ACH.	No further action is required by you. Lendistry will only reach out to you if there are issues setting up an ACH transfer to your bank account.
<i>Grant Funded</i>	You have been fully funded for your eligible grant award.	No further action is required by you. Your file is now closed.

How to Troubleshoot or Unlock Your Account



CALIFORNIA
Supplemental Paid
Sick Leave Grant

APPLICATION PORTAL POWERED BY LENDISTRY

What should you do if your email address cannot be found in Lendistry's Portal?

If your email address cannot be found in Lendistry's Portal, you may not have an account, or you may be using the incorrect email address to sign in.

1. To start an application, you are required to create an account in Lendistry's Portal as well as register an email address and mobile phone number. **See [page 37](#) for reference.** If you have not created an account, please do so by clicking **"Don't have an account? Sign up!"**.
2. If you already have an account but your email address cannot be found, you may have used the incorrect email to sign in. Please make sure you are spelling your email address correctly or try a different one. **If this problem persists, please contact our dedicated Customer Experience Center at 1-888- 208-0015, Monday through Friday (7:00 a.m.-7:00 p.m. PDT).**

To retrieve your email address from Lendistry's Customer Experience Center, you will be required to verify information, which may include but is not limited to your full name, date of birth, business name, and the last four digits of your Social Security Number.

Continued next page.

Welcome! Sign In!

Email *

myemail@test.com

Email not found!

Password *

.....

⚠ Warning

2 → Email not found! Please check this is the email you used to register. If the error persists [please call support for assistance.](#)

Forgot your password?

Sign In

1 →

Don't have an account? Sign up!

Incorrect Password

What should you do if your password is incorrect?

If the password you entered is incorrect, please check its spelling and try again. You have five attempts to use the correct password before your account is locked.

We strongly recommend that you reset your password immediately after your second failed attempt.

How to Reset Your Password:

1. Click on “Forgot your password?”
2. Enter the email address registered to your account.
3. A six-digit confirmation code will be sent to the phone number you registered. Enter the code to confirm your account.
4. Enter and confirm your new password.

Continued next page.

1

Welcome! Sign In!

Email *

myemail@test.com

Password *

••••••••

▲ Incorrect password.

⚠ Warning

It looks like you are having problems signing in. You have 5 attempts remaining before your account is locked. Would you like to change your password?

Forgot your password?

2

Reset password

Email *

myemail@test.com

Reset password

Return to form

Don't have an account yet? Please sign up!

3

We just sent you a text

Please confirm your phone number. We just sent a confirmation code to the phone number registered to your account, ending in 90

Type your 6-digit security code here

Confirm

Didn't receive the code? Resend code

4

Enter New Password

Password *

Enter your password

Confirm Password *

Enter your password

Save password

Don't have an account yet? Please sign up!

Your Account is Locked

What should you do if your account is locked?

Your account will be locked after five failed attempts to sign in. You can unlock your account by answering your security questions.

How to Unlock Your Account

1. Select “Click here to unlock your account.”
2. Enter the first name, last name, email address, and phone number registered to your account. This information must be provided correctly for you to proceed. If you need assistance verifying your account information, please contact our dedicated Customer Experience Center.
3. A six-digit confirmation code will be sent to the phone number you registered. Enter the code to confirm your account.
4. Answer the security questions correctly to unlock your account. If you are unable to provide the correct answers, please contact our dedicated Customer Experience Center to reset your security questions. To reset them, you will be required to verify information, which may include but is not limited to your full name, date of birth, business name, and the last four digits of your Social Security Number.

1

Welcome! Sign In!

Email *
unlockaccount@noreply.com

Password *
••••••••

⚠ Your account is locked.

Click here to unlock your account

call support for assistance

Forgot your password?

Sign In

Don't have an account? Sign up!

2

Unlock Your Account

Please provide your account information so we can verify your identity

First name *
Enter your first name

Last name *
Enter your last name

Email Address *
Enter your email address

Phone Number *
+1-____-____

Cancel

Verify Account

3

We just sent you a text

Please confirm your phone number. We just sent a confirmation code to the phone number registered to your account, ending in 90

Type your 6-digit security code here

Confirm

Didn't receive the code? Resend code

4

Unlock Your Account

Please answer your security questions to unlock your account.

What was your High School mascot? *
Enter answer for question 1

What is your first pet's name? *
Enter answer for question 2

What is your nickname? *
Enter answer for question 3

Unlock Account

Continued next page.

Your Account is Locked

How to Unlock Your Account

- Once the security questions have been answered correctly, a link to unlock your account will be sent to your email.
- Click on the link to unlock your account.
- After you unlock your account, you will have the option to sign into Lendistry's Portal using your existing password or to reset it. We strongly recommend you reset your password to prevent your account from getting locked again.

5



Unlock Link Sent

An email has been sent to you to complete the unlocking process. Kindly click the link provided in the email to unlock your account.

[Back to Homepage](#)

7



Account Unlocked

Your account has been successfully unlocked. If you recall your password, please proceed to log in. Otherwise, please change your password.

[Change Password](#)

[Log In](#)

6

Unlock Your Lendistry Portal Account

From: Lendistry <noreply@lendistry.com>

[Reply](#) [Reply All](#) [Forward](#) [Print](#) [More](#)
Fri 3/31/2023 3:23 PM

We have received your request to unlock your Lendistry Portal account for the California Supplemental Paid Sick Leave Grant Program.

[CLICK HERE to complete the process and unlock your account.](#)

If you did not make this request, please reset your password immediately to protect your account.

[Click here to reset your password.](#)

If you have any questions or need additional assistance, please contact Lendistry's dedicated Customer Experience Center, Monday through Friday (7:00 a.m.-7:00 p.m. PDT).

Thank you,
The Lendistry Team

Customer Experience Center

1-888-208-0015

Monday - Friday

7:00 a.m.-7:00 p.m. PDT

Quick Links

[Program Overview](#)

[Eligibility Requirements](#)

[Ineligible Businesses](#)

[Required Documents](#)

[Applicant Certifications](#)

[Examples of Required Documents](#)

[Tips for Applying](#)

[How to Start an Application](#)

[The Application Process](#)

[The Review Process](#)

[How to Troubleshoot Your Account](#)



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