

Annual Certification of Racial Nondiscrimination for a Private School Exempt From Federal Income Tax

OMB No. 1545-0047

Open to Public
Inspection

For IRS Use Only

(for use by organizations that do not file Form 990 or Form 990-EZ)

▶ Go to www.irs.gov/Form5578 for the latest information.

For the period beginning _____, 20____ and ending _____, 20____	
1a Name of organization that operates, supervises, and/or controls school(s). Community Care Licensing - Department of Social Services Address (number and street or P.O. box no., if mail is not delivered to street address) Room/suite 3737 Main St 700 City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) Riverside, CA 92501	1b Employer identification number
2a Name of central organization holding group exemption letter covering the school(s). (If same as 1a above, write "Same" and complete 2c.) If the organization in 1a holds an individual exemption letter, write "Not Applicable." Rector Wardens Vestrymen of All Saints Episcopal Church Address (number and street or P.O. box no., if mail is not delivered to street address) Room/suite 651 Eucalyptus Ave City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) Vista, CA 92084	2b Employer identification number 95-1916021 2c Group exemption number (see instructions under <i>Definitions</i>)
3a Name of school. (If more than one school, write "See Attached" and attach a list of the names, complete addresses, including postal codes, and employer identification numbers of the schools.) If same as 1a, write "Same." All Saints Preschool Address (number and street or P.O. box no., if mail is not delivered to street address) Room/suite 1940 SHadowridge Drive City or town, state, and ZIP + 4 (If foreign address, list city or town, state or province, and country. Include postal code.) Vista, CA 92081	3b Employer identification number, if any 33-0122426

Under penalties of perjury, I hereby certify that I am authorized to take official action on behalf of the above school(s) and that to the best of my knowledge and belief the school(s) has (have) satisfied the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, for the period covered by this certification.



Sandrine Buntin - Director

5/12/21

(Signature)

(Type or print name and title.)

(Date)