

**c. 2025 Color the Spectrum Art Festival SUP**

Recommendation: To approve Special Use Permit for the Autism Society Inland Empire's 2025 Color the Spectrum Art Festival in the Cathedral City Community Amphitheater.

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 11 2013**

AUTISM SOCIETY INLAND EMPIRE INC  
2276 GRIFFIN WAY STE 105-194  
CORONA, CA 92879

Employer Identification Number:  
45-5376014

DLN:  
17053163353012

Contact Person:  
JACOB A MCDONALD ID# 31649

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990 Required:  
Yes

Effective Date of Exemption:  
April 24, 2012

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

AUTISM SOCIETY INLAND EMPIRE INC

Sincerely,

A handwritten signature in black ink that reads "Holly O Paz". The signature is written in a cursive, slightly slanted style.

Holly O. Paz  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC



AUTIS-1

OP ID: KD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/07/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> ISU Insurance Services 400 S Ramona Rd Ste 209 Corona, CA 92879 Agency Account	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 951-273-3000	<b>FAX (A/C, No):</b> 951-273-3001
<b>INSURED</b> Autism Society Inland Empire Beth Burt 2638 Tundar Circle Corona, CA 92879	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> United States Liability Ins	
	<b>INSURER B:</b> A++ Superior	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b>		
28595		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		NBP1550535N	07/08/2024	07/08/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Ded \$ 0
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			NBP1550535N	07/08/2024	07/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse & Molestation			NBP1550535N	07/08/2024	07/08/2025	\$500K/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Cathedral City is additional insured regarding our insured's general liability. \*Whenever written contract is in place.  
Color the Spectrum Autism Art Festival, Cathedral City Community Amphitheatre, 68526 Ave Lalo Guerrero, Cathedral City, CA 92234  
April 6th, 2025 10 am - 1 pm

## CERTIFICATE HOLDER

## CANCELLATION

<b>CITY687</b>  City of Cathedral City 68-700 Avenida Lalo Guerrero Cathedral City, CA 92234	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CATHEDRAL CANYON DRIVE









January 7<sup>th</sup>, 2025

Dear City Council Members of Cathedral City,

On behalf of the Autism Society Inland Empire, I want to extend our heartfelt appreciation for the continued partnership with Cathedral City. Your generous support has been invaluable in helping us create a more inclusive and supportive community for individuals with Autism and intellectual/developmental disabilities (IDD/DD).

We are excited to share that we're planning our **(Free) 3<sup>rd</sup> Annual Color the Spectrum Autism Art Festival** on **Sunday, April 6<sup>th</sup>** to celebrate **Autism Awareness and Acceptance**. This special event will highlight and celebrate the talents of youth and adult artists on the spectrum, featuring a marketplace for entrepreneurs within the Autism and IDD community to showcase and sell their work. Families can also enjoy engaging activities such as arts and crafts, music and performances, resource fair, and collaborative live Mural.

In light of our shared commitment to fostering an inclusive community, we respectfully request an **in-kind sponsorship in the form of a venue fee waiver** to host this important event for the second year in a row, at the **Cathedral City Community Amphitheatre**. We would be honored to recognize your generous support through:

- **Branded signage** placed prominently at the event.
- **Acknowledgment** during event announcements at the event.
- **Social media recognition** across our platforms (27k reach)
- **Special Plaque** commemorating your Sponsorship.
- **Opportunities to engage** directly with attendees during the event via a Resource Booth **\*(Optional)**.

Thank you for your consideration of this request. We are truly grateful for all you do to help us build a stronger, more inclusive community.

Warm regards,

A handwritten signature in black ink that reads "Juanita Hernandez". The signature is written in a cursive, flowing style.

**Juanita Hernandez**  
Program Specialist

[info@IEAutism.org](mailto:info@IEAutism.org)  
951.220.6922  
[IEAutism.org](http://IEAutism.org)

**Inland Empire**  
420 N McKinley Suite 111-118  
Corona, CA 92879

**Coachella Valley**  
79405 Hwy 111 Ste 9-184  
La Quinta, CA 92253

**501(c)3 Tax ID Number: 45-5376014**





**CITY OF CATHEDRAL CITY**  
68700 Avenida Lalo Guerrero

# Permit

Permit NO.: PLAN-SPEV-25-0001

Permit Type: **PLAN - Special Use Permit (Events)**

Work Classification: **Special Use Permits - Major Events**

Permit Status: **Submitted - Online**

Issue Date:

**Expiration:**

**Location Address**

**Parcel Number**

**68526 Avenida Lalo Guerrero, CATHEDRAL CITY, CA  
92234**

**687170006**

**Contacts**

**Applicant**  
Autism Society Inland Empire  
79405 Highway 111 Ste. 9-184, La Quinta, CA 92253  
(951)220-6922 coordinator@ieautism.org

**Non Profit Organization**  
Autism Society Inland Empire  
79405 Highway 111 Ste. 9-184, La Quinta, CA 92253  
(951)220-6922 coordinator@ieautism.org

**Emergency Contact**  
Beth Burt  
(951)220-6922 bburt@ieautism.org

**Description:** Non-profit 501c3

**Valuation:** \$0.00

**Total Sq Feet:** 0.00

**Inspection Requests:**

Please see Below for Inspection  
Request Instructions

Fees	Amount
Amphitheater - Deposit	\$1,000.00
Amphitheater Rent - Non-Profit	\$2,500.00
Events Special Use Permit - Minor	\$618.00
Technology Enhancement Fee	\$18.54
<b>Total:</b>	<b>\$4,136.54</b>

Payments	Amt Paid
<b>Total Fees</b>	
<b>Amount Due:</b>	

TO SCHEDULE INSPECTIONS BY PHONE, PLEASE CALL:  
BUILDING INSPECTION REQUEST LINE: ONLINE ONLY  
ENGINEERING INSPECTION REQUEST LINE: (760) 770-0367 (AFTER 3/1/2025 - ONLINE ONLY)  
FIRE INSPECTION REQUEST LINE: (760) 770-8200

Issued By: \_\_\_\_\_

\_\_\_\_\_ Date