

Organization Information

Legal Name

Fallbrook Healthcare Foundation Inc

DBA (if Applicable)

Foundation for Senior Care

Program Name/Title

Senior Care Services

Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

To date, our programs have transformed the lives of seniors and disabled adults in Fallbrook by ensuring access to healthcare, reducing isolation, and preventing crises. In Q1 and Q2 of 2024, our Transportation Program provided 2,787 local rides, 168 out-of-town medical trips, and 70 wheelchair-accessible rides, preventing missed medical appointments and food insecurity. We also enrolled 13 low-income seniors in the Traveler's Aid program, reducing financial barriers to transportation.

Our Adult Day Care Program delivered 1,333 days of care and 151 scholarship days to low-income families, providing social engagement and respite to 53 caregivers. We conducted six caregiver support sessions, helping families navigate the challenges of dementia care.

The Senior Care Advocacy Program assisted 707 seniors, exceeding our mid-year goal by 40%. We conducted 113 home or healthcare visits, provided intensive case management for 79 high-risk clients, and addressed mental health concerns for 42 individuals, referring 90% to mental health providers. Additionally, 349 new seniors sought assistance in 2024, reflecting the growing need for advocacy, housing support, and healthcare navigation.

Through our Door-Through-Door Program, we engaged 43 recently hospitalized seniors, preventing 100% of unnecessary hospital readmissions and intervening in all identified unsafe discharges.

Our MOU with Gary and Mary West PACE provided 253 days of service, allowing Fallbrook seniors to receive care closer to home. As demand rises, our programs remain critical to keeping older adults independent, connected, and aging with dignity. Continued funding will allow us to expand these essential services to meet the growing needs of our community.

Is this a new initiative/service or established program within your organization?

Established Program

Program Information - Type

Ongoing

Funding Amount Being Requested

95000

Organization's Mission Statement

Enhancing the well-being of older adults throughout the aging experience.

The Foundation for Senior Care provides essential services and resources to older adults (65+) and disabled adults (18+) in Fallbrook, Bonsall, Rainbow, and De Luz, promoting independence, health, and quality of life.

Our programs include transportation and grocery delivery, adult day care and caregiver respite, technology classes, and senior-focused workshops. We also offer hands-on guidance and advocacy for healthcare, nutrition, housing, entitlements, senior living transitions, hospital recovery, legal and financial assistance, mental health, abuse prevention, safety, and more.

In partnership with the Fallbrook Regional Health District, we work to remove barriers, connect individuals to vital resources, and ensure access to services that empower older adults to live safely, maintain well-being, and age with dignity and respect.

Organization's Vision Statement

To be recognized at the community, state, and national levels as the leading resource and standard of excellence in programs, services, and collaborations for adults 65 and older.

We aim to be a leader in senior services and advocacy, renowned for our commitment to excellence, innovation, and compassionate care. As a trusted ally and steadfast advocate, we strive to enhance the health, independence, and well-being of older adults and individuals with disabilities, ensuring they receive the support and respect they deserve.

Organization History & Accomplishments

Founded in 1979, the Foundation for Senior Care has been a trusted resource for older adults and individuals with disabilities in Fallbrook and surrounding communities for over four decades. Originally established as the Auxiliary for Fallbrook Hospital, we became an independent 501(c)(3) in 1998 to better address the growing and complex needs of seniors. Our core programs—Senior Care Advocacy, Adult Day Care, Transportation, and Door-Through-Door—serve thousands annually, ensuring independence, access to critical resources, and aging with dignity. In 2024, our Senior Care Advocacy program provided over 10,600 advocacy interactions, assisting 1,100 seniors with healthcare navigation, housing, and crisis intervention, including securing stable housing for 39 at-risk seniors. Our Adult Day Care program, "The Club," delivered 2,500 days of respite care, supporting individuals with dementia, Parkinson's, and other conditions while reducing caregiver burnout. Our Transportation Services provided more than 5,500 rides, ensuring access to medical care and groceries, particularly for homebound seniors. Since 2016, our Door-Through-Door program has prevented over 600 hospital readmissions, improving recovery outcomes and reducing healthcare costs.

In 2024, we established an MOU with Gary and Mary West PACE, allowing Fallbrook participants to use our Adult Day Care as an alternative care setting. Through this partnership, we provided 253 days of service, ensuring seniors who might otherwise struggle with transportation have access to essential care and social engagement close to home. Our expanded outreach efforts have also strengthened community support, creating new collaboration opportunities and sustainable funding sources. As the only local provider of comprehensive senior advocacy, adult day care, and accessible transportation, we continue to meet the growing needs of seniors in Fallbrook, Bonsall, Rainbow, and De Luz, closing service gaps and ensuring older adults age safely and with dignity.

Organization Collaborations

Our Senior Advocacy and Transportation programs are supported by a wide array of key collaborations that enhance the services we provide to seniors and disabled adults in Fallbrook. We work with organizations such as the Fallbrook Food Pantry to assess and coordinate enrollment in home food delivery programs, and the Fallbrook Senior Center to refer clients with nutrition needs and promote mutual services. We also collaborate with healthcare providers like Temecula Valley Hospital and Palomar Medical Center to coordinate hospital discharges and ensure smooth transitions for patients. Additionally, partnerships with North County Fire and Adult Protective Services (APS) allow us to address emergency needs and abuse cases in the community.

Our Senior Advocacy program also partners with entities such as SDG&E to help seniors access energy discount programs and Anchor Health to host a monthly Veteran's support group. We connect regularly with the Office of Homeless Solutions to secure emergency housing and work with Aetna and HealthNet to provide hospital and assisted living transition support. These collaborations ensure that our clients receive comprehensive care, including housing, healthcare, and social services.

In our Transportation program, we collaborate with organizations like REINS Therapeutic Riding Program, D’Vine Path, and the Fallbrook Senior Center to ensure accessible transportation to medical appointments and social activities. We also work closely with Age Well San Diego, contributing to the Age Well 2.0 planning groups, which aim to create dementia-friendly communities.

These collaborations are central to building a more inclusive and supportive network for seniors and disabled adults in our community. By working hand in hand with local organizations, we ensure that clients have access to the services they need to live healthier, safer lives.

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	25	
Seniors (60+)	75	
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants
Female	65
Male	35
Non-binary	
Unknown*	

***Target Population - Gender**

NA

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	15
Very Low (50%) Income Limits, ceiling of \$53,500	45
Low (80%) Income Limits, ceiling of \$85,600	25
Higher Than Listed Limits	15
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

NA

Projected number of residents that will directly benefit (participant/client) from this program.

1500

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)

Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Social Determinants of Health - Economic Stability

Our programs address financial barriers to essential services and prevent crises that lead to economic hardship.

Many seniors in our community live on fixed or limited incomes, making it difficult to afford transportation, healthcare, or long-term care. Our Transportation Program provides low-cost and free rides, ensuring access to medical appointments, grocery stores, and essential services, preventing costly health complications and reducing reliance on emergency care. Through the Traveler's Aid program, we help low-income seniors access transportation at no cost, eliminating financial burdens that might otherwise force them to forgo necessary medical care.

Our Senior Care Advocacy Program helps seniors navigate financial challenges, secure benefits, and prevent homelessness. In 2024, more than 30% of all advocacy interactions were housing-related, reflecting the urgent need for stable housing among seniors. We helped 59 at-risk seniors secure stable housing, preventing costly emergency shelter placements. We also connect clients to financial assistance programs, utility support, food aid, and veteran benefits, ensuring economic security for those facing financial hardship.

Our Adult Day Care Program provides an affordable alternative to full-time caregiving or institutional care, allowing families to continue working while ensuring their loved ones receive quality support. Through 166 scholarship-funded respite days in 2024, low-income families received essential care without financial strain.

By addressing economic barriers and providing cost-saving interventions, our programs reduce healthcare costs and prevent financial instability, ensuring seniors in Fallbrook, Bonsall, Rainbow, and De Luz can maintain independence, dignity, and financial security as they age.

How are other organizations addressing this need in the community?

Several organizations in Fallbrook, including the Fallbrook Senior Center, Interfaith Community Services, and North County Transit District, provide valuable services such as meal programs, healthcare navigation, and transportation. However, the Foundation for Senior Care offers a more comprehensive, integrated approach, addressing the medical, social, and mobility needs of seniors and individuals with disabilities.

Our Senior Care Advocacy Program provides hands-on support with housing, healthcare, and essential resources. The Adult Day Care Program offers a safe, engaging environment for seniors while providing respite for caregivers. Our Door-Through-Door Program ensures safe hospital-to-home transitions by combining case management with transportation. Additionally, our door-to-door transportation service offers reliable, accessible rides to medical appointments and essential services, filling gaps left by NCTD and FACT, which can be costly and difficult to navigate.

As we strengthen collaboration with the Fallbrook Senior Center, we are working toward a seamless, coordinated network of support to enhance senior well-being.

Program/Services Description - Program Entry & Follow Up

Participants enter our programs through multiple referral pathways, ensuring accessibility for seniors and individuals with disabilities in need of support. Clients are connected to our services through self-referrals, family members, healthcare providers, social workers, community partners, and local organizations. Additionally, we receive referrals from hospitals, skilled nursing facilities, and first responders, particularly for our Door-Through-Door Program, which supports seniors transitioning from hospital to home.

Community outreach plays a key role in program awareness. We actively engage with the community through educational workshops, health fairs, senior resource events, and direct collaboration with organizations like the Fallbrook Senior Center. Our website, social media, and printed materials distributed through healthcare providers and senior-serving agencies also help connect individuals to our services.

Once enrolled, clients receive personalized assessments to determine their specific needs. Our Senior Care Advocacy Program provides ongoing case management, connecting seniors with essential resources such as housing assistance, healthcare navigation, financial aid, and mental health referrals.

For those utilizing our Adult Day Care Program, families receive regular updates on their loved ones' participation, well-being, and engagement. Our Door-Through-Door Program follows up with recently discharged seniors to ensure a safe recovery and connection to ongoing support services.

Participants in our Transportation Program are encouraged to provide feedback, allowing us to assess service impact and identify areas for improvement.

For clients receiving short-term assistance, follow-ups are conducted as needed to ensure successful outcomes and continued stability. By maintaining relationships with participants and monitoring their progress, we ensure that our interventions lead to long-term improvements in health, independence, and quality of life.

Program/Services Description - Program Activities

The Foundation for Senior Care provides a comprehensive range of services tailored to meet the diverse needs of older adults and individuals with disabilities. These services include Adult Day Care, Senior Care Advocacy, Transportation, and the Door-Through-Door Program, all designed to enhance well-being, independence, and quality of life.

Our Adult Day Care Program, "The Club," offers a safe, engaging environment for seniors facing cognitive and physical challenges, including dementia, Alzheimer's, Parkinson's, and stroke recovery. Participants enjoy structured activities such as arts and crafts, music therapy, exercise, and cognitive games, promoting social engagement, mental stimulation, and physical health. The program also provides much-needed respite for caregivers, allowing them to take breaks while ensuring their loved ones receive professional care.

The Senior Care Advocacy Program connects seniors and disabled adults to critical community resources, including healthcare, housing, financial assistance, and legal services. With a robust database of over 1,500 resources, our advocates assist clients with complex needs such as mental health support, elder abuse prevention, and food insecurity. Through ongoing follow-up, we ensure clients successfully access services, empowering them to maintain independence and stability.

The Door-Through-Door Program provides a combination of transportation and case management to assist high-risk seniors following hospital or skilled nursing facility discharge. By ensuring safe home transitions, conducting post-discharge wellness checks, and coordinating home safety evaluations, we help reduce hospital readmissions and improve long-term health outcomes. Through partnerships with healthcare providers, we ensure seniors receive the support needed for successful recovery at home.

Our Transportation Program offers door-to-door rides for seniors and individuals with disabilities who struggle to access transportation. We provide in-town rides for medical appointments, grocery shopping, and social visits, as well as Expanded Rides for specialized medical care outside Fallbrook. This service helps prevent missed medical visits and social isolation, ensuring seniors remain connected to essential services. During the COVID-19 pandemic, we introduced a grocery delivery service, collaborating with Major Market to support seniors unable to shop for themselves.

Each of these programs ensures that seniors receive personalized support, access to essential resources, and opportunities to maintain independence. By offering a seamless continuum of care, the Foundation for Senior Care helps older adults and disabled individuals age with dignity and lead healthier, safer, and more fulfilling lives.

Program Goal

The goal of the Foundation for Senior Care is to empower seniors and disabled adults in the greater Fallbrook area to live independently, safely, and with dignity by addressing healthcare access, transportation barriers, social isolation, and caregiver burden through a comprehensive support network. We aim to assist at least 1,500 individuals annually through these services, addressing key social determinants of health such as healthcare access, housing stability, and social engagement. To meet the growing demand in the community, we plan to expand our transportation and advocacy services by 15% over the next 12 months. These efforts will reduce hospital readmissions, promote independent living, and improve access to essential resources. With quarterly progress reviews, we will ensure that these goals are achieved within the next year, ultimately fostering healthier, safer, and more independent lives for vulnerable seniors and disabled adults.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

The District's name and logo will be prominently featured in all relevant promotional materials related to our programs and services. This includes event flyers, newsletters, and brochures, where the logo will be placed in a clear and visible location. Additionally, the District's name and logo will be included on our website's "Partners" page, where we highlight collaborations with key organizations.

On social media, we will promote the District's involvement through posts across our platforms, including Facebook, Instagram, and Twitter. These posts will feature the District's logo and name in event announcements, program updates, and collaborative efforts. Social media engagement will include tagging the District's official accounts when sharing relevant news or updates. For events and community activities, we will create posts with visual content, such as photos or videos, showcasing the District's support and logo to ensure maximum visibility and recognition.

Through these channels, we aim to increase awareness of the District's vital contributions to our programs, reinforcing its role as an essential partner in supporting the well-being of seniors and disabled adults in our community.

Terms and Conditions

Accepted

Authorized Signature

A handwritten signature in black ink, consisting of a large, stylized initial 'D' followed by a series of connected loops and a trailing line.

Eligibility Check

Tax Exempt Status

YES

You are ineligible to apply per the District's Grant Policy & Procedures, please contact District staff to if you have questions.

Service Area

Bonsall

De Luz

Fallbrook

Rainbow

Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

YES

Collaborative/Joint Application

NO

Organization Information

Contact Information

Contact Name

Perla Hurtado

Title

Executive Director

Primary Contact Phone

760-723-7570

Email Address

phurtado@foundationforseniorcare.org

Organization Physical Address

135 S Mission Rd
Fallbrook, CA, 92028

Board of Directors



Board of Directors.pdf

Financial Documents - Audit



FHF2022 Audit.pdf

Financial Documents - P&L and Balance Sheet



ProfitandLoss (1).pdf

Financial Documents - 990



2023 Public Disclosure copy for FHF.pdf

Writing Instructions:

Program Information

Brief Program Description

Our programs provide vital, wraparound support to seniors and individuals with disabilities in Fallbrook and neighboring communities. Through Senior Care Advocacy, Adult Day Care, Transportation, and Door-Through-Door services, we empower seniors to maintain independence, access critical resources, and enrich their lives—ensuring they can age with dignity, purpose, and connection.

Did this program receive FRHD CHC - Grant funding last funding cycle (FY 23.24).

YES

If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.



FRHD 24-25 Q2 Acknowledgements.pdf

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Older Adults

Social Determinants of Health - Social and Community Context

Our programs address the Social Determinants of Health related to Social and Community Context by fostering social connections, reducing isolation, and strengthening support networks for seniors and disabled adults in Fallbrook and surrounding communities.

Social isolation is a major risk factor for poor health outcomes, including depression, cognitive decline, and increased mortality. Many of the seniors we serve have limited family support, financial constraints, or mobility challenges that prevent them from engaging with their community. Our Adult Day Care Program provides a welcoming environment where seniors can participate in social activities, cognitive exercises, and peer engagement, helping to maintain mental and emotional well-being. In 2024, we provided 2,502 days of care and hosted twelve caregiver support sessions, ensuring both seniors and their families receive the social support they need.

Our Senior Care Advocacy Program strengthens social networks by connecting seniors to resources, support groups, and essential services. Many seniors struggle to navigate healthcare, financial assistance, or housing services alone. In 2024, we

helped 849 seniors, conducted 492 home or healthcare visits, and provided intensive case management for 79 individuals with complex needs, ensuring they remain engaged and supported.

Our Transportation Program also plays a vital role in keeping seniors connected. By providing 5,548 local rides and 292 out-of-town medical trips in 2024, we ensure seniors can attend medical appointments, social activities, and community events, reducing isolation and promoting active participation.

Through these services, we empower seniors to build stronger community ties, improve emotional well-being, and maintain independence, ensuring they age with dignity and connection.

Social Determinants of Health - Healthcare Access and Quality

Our programs address the Social Determinants of Health related to Healthcare Access and Quality by ensuring seniors and disabled adults can access timely, affordable, and appropriate healthcare services, regardless of financial, geographic, or mobility limitations.

Many seniors in our community face significant barriers to care, including limited transportation, difficulty navigating healthcare systems, and financial constraints. Our Senior Care Advocacy Program helps seniors overcome these challenges by providing hands-on assistance with healthcare navigation, benefits enrollment, and care coordination. In 2024, more than 60% of advocacy interactions were healthcare-related, with advocates conducting 520 home or healthcare visits and providing intensive case management for 79 individuals with complex medical needs.

Additionally, we facilitated 251 referrals to mental health services, ensuring access to critical behavioral healthcare.

Our Transportation Program improves healthcare access by providing reliable rides to medical appointments, including specialist visits, physical therapy, and mental health services. In 2024, more than 30% of local rides were medical-related, and we provided 292 out-of-town medical trips, preventing missed appointments and reducing health risks. Additionally, we offered over 100 wheelchair-accessible rides, ensuring mobility-impaired seniors receive care.

Through our Door-Through-Door Program, we support safe transitions from hospital to home, preventing unnecessary readmissions and improving recovery outcomes. In 2024, we engaged

116 recently hospitalized seniors, successfully preventing 100% of unnecessary hospital readmissions and intervening in all identified unsafe discharges.

By removing barriers to care and ensuring reliable transportation, our programs empower seniors to maintain health, independence, and well-being.

Social Determinants of Health - Neighborhood and Built Environment

Our programs address the Social Determinants of Health related to Neighborhood and Built Environment by ensuring that seniors and disabled adults can access safe, supportive, and accessible environments that promote health, mobility, and overall well-being.

Many seniors in our community face housing instability, unsafe living conditions, and limited access to essential services due to financial hardship, physical limitations, or geographic isolation. Through our Senior Care Advocacy Program, we help seniors secure safe, stable housing by assisting with housing applications, landlord negotiations, and connections to home modification resources.

Our Transportation Program directly addresses geographic barriers by providing safe and reliable rides to grocery stores, pharmacies, and medical facilities, ensuring that seniors in rural and underserved areas can access essential services, reducing food insecurity and healthcare disparities. Additionally, we provide wheelchair-accessible rides, ensuring equitable transportation for those with mobility impairments.

Through our Door-Through-Door Program, we enhance home safety and accessibility by ensuring recently hospitalized seniors transition safely back home with the necessary support to prevent falls, unsafe discharges, and rehospitalization.

By addressing housing stability, transportation access, and home safety, our programs create a healthier, more accessible community, allowing seniors to age safely in place with dignity and independence.

Statement of Need/Problem

Seniors and disabled adults in the Fallbrook Regional Health District face growing challenges that threaten their health, safety, and ability to live independently. Many struggle with housing instability, food insecurity, healthcare access, social isolation, and transportation barriers, leading to worsening health outcomes and preventable hospitalizations. Without continued support, many will face crises with no safety net.

According to the California Department of Aging, the state's senior population is expected to nearly double by 2030, with rural areas like Fallbrook seeing disproportionate growth. Locally, 24% of residents are 65 or older, many on fixed incomes with limited access to essential services. Rising housing costs, lack of healthcare access, and transportation gaps leave seniors vulnerable to homelessness, untreated medical conditions, and avoidable hospitalizations.

Housing insecurity is a growing crisis. In 2024, over 30% of Senior Care Advocacy interactions were housing-related, with many seniors facing eviction, unsafe housing, or an inability to afford rent and home modifications. We helped 39 at-risk seniors secure stable housing, preventing homelessness and hospitalization. One such case is Mary, an 82-year-old widow, who faced eviction with no family nearby. Our advocacy team secured rental assistance and coordinated support, ensuring she remained safely housed, avoiding a crisis that could have led to hospitalization.

Many Fallbrook seniors also struggle with healthcare access and transportation barriers. In 2024, over 60% of advocacy interactions were healthcare-related, helping seniors with medical appointments, insurance navigation, and specialist access. More than 30% of local transportation rides were for medical care, underscoring the critical need for reliable transportation. Our Transportation Program provided 2,787 local rides and 292 out-of-town medical trips, ensuring seniors received care, reducing health risks, and preventing emergency visits.

John, a 76-year-old stroke survivor, had no transportation to rehabilitation and specialist visits. Without access to care, his recovery and independence were at risk. Through our program, John received therapy, regained mobility, and avoided long-term disability, demonstrating the life-changing impact of accessible transportation.

Social isolation is also a serious health threat. Studies show loneliness increases dementia risk by 50%, yet many seniors live alone with little engagement. Our Adult Day Care Program provided 2,502 days of care and twelve caregiver support sessions, ensuring seniors remain socially engaged and cognitively stimulated. Nancy, 84, was homebound after a fall, experiencing rapid cognitive and emotional decline due to isolation. Thanks to our program, Nancy was connected to mental health resources, provided transportation, and engaged in daily activities, improving her well-being.

Without stable housing, healthcare, transportation, and social engagement, seniors face avoidable health crises, increased hospitalizations, and diminished quality of life. Our programs provide cost-effective interventions that keep seniors healthy, connected, and independent, reducing strain on emergency services and long-term care facilities.

By addressing Social Determinants of Health, we ensure seniors age safely, access care, and maintain their dignity. With continued funding, we can expand these life-saving programs to meet our community's growing needs.

Program Objectives & Measurable Outcomes

To achieve the goal of improving the health, safety, and well-being of seniors and disabled adults in the Fallbrook community, our program will focus on four key objectives, each directly tied to the program's overall mission. These objectives will guide our activities, and their success will be measured using clear, quantifiable outcomes. Below, we outline each objective and the specific, measurable outcomes that will track progress.

Objective 1: Increase Access to Essential Services for Seniors and Disabled Adults

What: This objective aims to enhance access to critical services such as Adult Day Care, transportation, advocacy, and housing support. By increasing access to these services, we aim to improve the overall health and well-being of seniors and disabled adults in the community.

How: To achieve this, we will expand outreach through targeted marketing, partnerships with healthcare providers, senior housing facilities, and community organizations. Additionally, our existing referral system will be leveraged to identify eligible clients and connect them with the appropriate services.

Measurable Outcome: We aim to serve 1,500 individuals annually, increasing our reach by 15% over the next year. Success will be tracked by measuring the number of individuals enrolled in each service, including Adult Day Care, Transportation, Advocacy, and Door-Through-Door. We will also track referrals from community partners.

Measurement: Data will be collected from intake forms, service logs, and referral systems. Monthly and quarterly reports will monitor service utilization, and an increase in new participants and referrals will demonstrate success in expanding service access.

Objective 2: Reduce Hospital Readmissions and Improve Health Outcomes for High-Risk Seniors and Disabled Adults

What: This objective focuses on reducing hospital readmissions and improving the health outcomes of seniors and disabled adults by providing transportation to medical appointments, wellness checks, and case management. This will be particularly important for high-risk individuals who are post-discharge or at risk of complications.

How: Through the Door-Through-Door program, we will provide transportation for medical appointments, wellness checks, and case management support. We will work with hospitals and healthcare providers to ensure clients receive the necessary support after discharge and prevent readmissions. Additionally, we will educate clients on managing medications, preventing falls, and living healthier lives.

Measurable Outcome: Our target is a 10% reduction in hospital readmissions for participants in the Door-Through-Door program. We will also track the number of wellness checks conducted and referrals made to additional healthcare providers.

Measurement: Success will be measured by tracking hospital readmission rates (pre- and post-program), wellness check completion, and follow-up referrals. Client feedback, along with input from healthcare providers, will be used to assess the program's impact on health outcomes.

Objective 3: Enhance Social Engagement and Reduce Isolation Among Seniors and Disabled Adults

What: Social isolation is a significant issue for seniors and disabled adults, leading to adverse health outcomes. This objective aims to reduce isolation by enhancing social engagement through the Adult Day Care program, advocacy services, and community involvement.

How: The Adult Day Care program will provide structured activities such as arts, crafts, physical exercises, music therapy, and outings. Advocacy services will connect clients to social support networks, and our transportation services will ensure clients can attend social events and community activities.

Measurable Outcome: Success will be measured by tracking the number of participants in the Adult Day Care program and their level of engagement in activities. We aim for a 20% increase in the frequency of social interactions among participants over the course of one year.

Measurement: Data will be gathered from participant surveys and family feedback to assess improvements in social engagement. We will also track the number of social events attended and monitor the frequency of social interactions. A 20% increase in social engagement will be the target outcome.

Objective 4: Address Housing Instability and Mental Health Needs Among Seniors and Disabled Adults

What: Housing instability and mental health challenges are rising issues for seniors and disabled adults. This objective will address these needs by providing advocacy services to help individuals access housing resources, financial aid, and mental health services.

How: Our Referral and Support Advocacy program will provide one-on-one support to clients, helping them navigate housing applications, financial assistance, and mental health services. We will partner with local housing organizations and mental health agencies to ensure clients receive comprehensive support.

Measurable Outcome: Our goal is to assist 130 seniors with mental health resources and help 35% of clients facing both housing and mental health challenges access services. We will track the number of successful housing placements and mental health services accessed.

Measurement: Success will be measured through housing and mental health referrals and follow-up surveys to determine whether clients were able to access the services they were referred to. Client satisfaction and stabilization in housing and mental health will be key indicators of success.

Data Collection and Reporting

We will utilize a variety of data collection tools to track our program's success, including intake forms, service logs, referral databases, and participant surveys. These tools will allow us to gather quantitative data on the number of individuals served, the frequency of services provided, and outcomes related to health, housing, and social engagement. We will report data on a quarterly and annual basis to monitor progress toward our objectives. Regular evaluations of our data will enable us to assess whether we are meeting our goals and make adjustments as needed to ensure program effectiveness.

By tracking these key metrics, we will measure the impact of our services, identify areas for improvement, and ensure that our program is successfully meeting its objectives to improve the lives of seniors and disabled adults in the Fallbrook community.

Financial Reporting & Budget

Funding History

NO

Program Budget



25_26 FRHD CHC Program Budget F... .xlsx



Board of Directors- 2025-2026

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FRHD 24-25 Q2 Acknowledgement



Melanie Bonenfant • Referral and Support Advocate

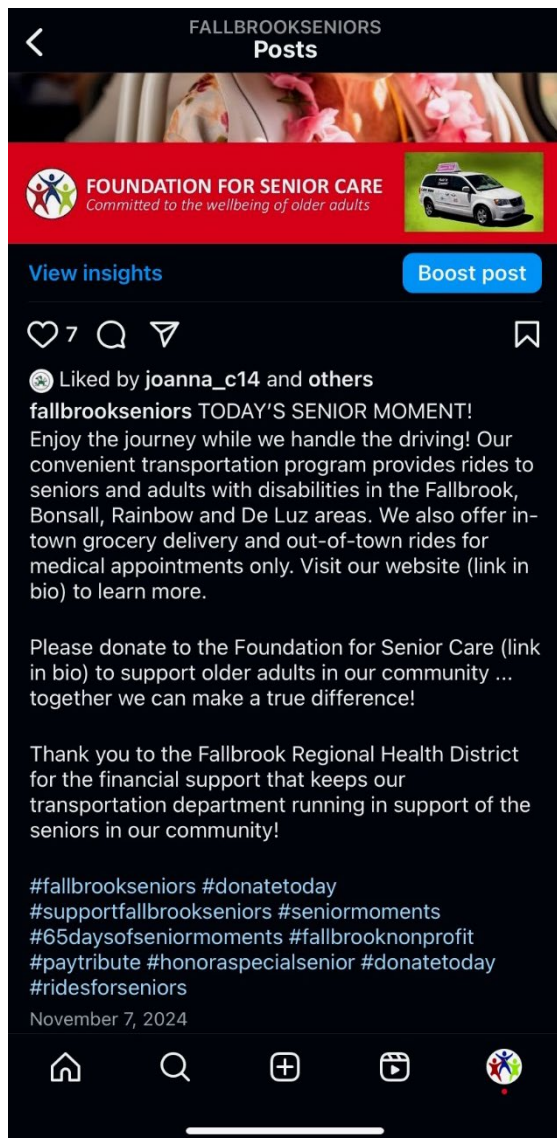
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FOUNDATION FOR SENIOR CARE • *Committed to the wellbeing of older adults*

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Programming supported by **Fallbrook Regional**
HEALTH DISTRICT





FALLBROOKSENIORS
Posts



FOUNDATION FOR SENIOR CARE
Committed to the wellbeing of older adults

760-723-7570



Liked by **joanna_c14** and others

fallbrookseniors TODAY'S SENIOR MOMENT!

Need help finding an affordable handyman, a reliable caregiver, or navigating Medicare and VA benefits?

Our Referral and Support Advocates have the expertise and care to help older adults and their families overcome obstacles, connect to resources, and get the hands-on guidance and support they deserve.

Please donate (link in bio) to support older adults in our community ... together we can make a true difference!

We are grateful to the Fallbrook Regional Health District for their financial support which allows programs such as our Referral & Support Advocacy to serve the needs of the seniors in our community.



**Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
(A Non-Profit Organization)
Financial Statements
December 31, 2022**

DRAFT

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Fallbrook Healthcare Foundation Inc.
dba Foundation for Senior Care
Fallbrook, California

DRAFT

We have audited the accompanying financial statements of Fallbrook Healthcare Foundation Inc. dba Foundation for Senior Care (a nonprofit organization), which comprise the statement of financial position as of December 31, 2022, and the related statement of activity, functional expense and cash flows for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well

as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fallbrook Healthcare Foundation, Inc. dba Foundation for Senior Care as of December 31, 2022 and the changes in its net assets and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

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Escondido, CA
TBD

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Financial Position
December 31, 2022

Assets

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Current Assets

Cash and cash equivalents	\$ 62,718
Investments	525,044 \
Prepaid expenses	20,218
Total current assets	607,980

Property and equipment, net	372,752 \
-----------------------------	-----------

Total Assets	\$ 980,732 \
--------------	--------------

Liabilities and Net Assets

Current Liabilities

Accounts Payable and Accrued Expenses	\$ 15,889
Payroll liabilities	22,808
Total Current Liabilities	38,697

Net Assets

Net Assets, without donor restrictions	942,035
Net Assets, with donor restrictions	\
Total Net Assets	942,035

Total Liabilities and Net Assets	\$ 980,732 \
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See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Activities
For the Year Ended December 31, 2022

	Without Donor Restriction
Support and revenues	
Donations - public support	\$ 106,569
Fees	169,043
Fundraising	158,080
Loss on disposition of asset	(7,078)
Grants	235,005
Net investment income	(118,865)
Total support and revenues	542,754
 Expenses	
Programs	471,790 ✓
Fundraising	89,636 ✓
General and administrative	287,814 ✓
Total expenses	849,240 ✓
 Change in net assets	(306,486) ✓
 Prior period adjustment (Note)	8,847
 Net assets, beginning	1,239,674 ✓
 Net assets, ending	\$ 942,035 ✓

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Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Functional Expenses
For the Year Ended December 31, 2022

	<u>Program</u>	<u>Fundraising</u>	<u>General Admin</u>	<u>Totals</u>
Advertising	\$ 6,919	\$ 989	\$ 129	\$ 8,037
Bank charges	1,432	3,272	183	4,887
Depreciation & amortization	23,040		6,124	29,164
Dues & memberships	2,579	75	2,273	4,927
Computer expense	475	3,090	1,034	4,599
Events/activities		21,528		21,528
grocery delivery expenses		48	3,379	3,427
Insurance	6,852	413	1,912	9,177
Interest expense			135	135
Occupancy	13,623	168	3,721	17,512
Office expense & supplies	9,275	594	4,344	14,213
Outside Services	7,631	10,613	18,508	36,752
Professional fees				-
Training	448			448
Postage		60	819	879
Employee expenses	352,571	48,391	244,350	645,312
Telephone	2,837	168	334	3,339
Travel & transport	44,108	227	569	44,904
Totals	<u>\$ 471,790</u>	<u>\$ 89,636</u>	<u>\$ 287,814</u>	<u>\$ 849,240</u>

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See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Cash Flows
For the Year Ended December 31, 2022

Cash flows from operating activities:	
Change in net assets	\$ (306,486)\
Adjustments to reconcile changes in net assets to net cash used in operating activities	
Depreciation & amortization	29,164\
Unrealized loss on investments	87,537
Loss on abandonment of assets	7,078
Increase in prepaid	(379)
Increase in accounts payable	5,584
Decrease in payroll liabilities	(390)
Net cash provided by operations	<u>(177,892)</u>
Cash flows from investing activities:	
Sale of investments	1,556,669
Purchase of investments	(1,419,071)
Purchase of equipment	(4,928)
Net cash used by investing activities	<u>132,670</u>
Cash flows from financing activities:	
Net cash used for financing activities	<u>0</u>
Net increase/(decrease) in cash	(45,222)
Cash balance at beginning of year	<u>107,940</u>
Cash balance at end of year	<u>\$ 62,718</u>
Interest expense	<u>\$ 135</u>

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See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

Note 1 - Summary of significant accounting policies

Nature of Activities

Fallbrook Healthcare Foundation, Inc. is a California tax-exempt corporation. The Fallbrook Healthcare Foundation, Inc. was incorporated August 1979. Its purpose is to provide programs and resources enabling seniors to enhance their well-being and give them a more meaningful life. The geographic areas served include Fallbrook, Bonsall, Rainbow, DeLuz, southwest Temecula and areas of North County San Diego.

Basis of Accounting

The financial statements of the Foundation have been prepared in accordance with accounting principles generally accepted in the United States of America on an accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

The Foundation reports information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions.

- Net assets without donor restriction represent net assets that have no use or time restrictions. Without donor restriction amounts represent amounts that are available for various activities including the Foundation's support of community activities and charitable endeavors at the discretion of the Foundation's Board of Directors.
- Net assets with donor restrictions consist of contributed funds subject to specific donor-imposed restrictions contingent upon specific performance of a future event or a specific passage of time before the Foundation may spend the funds or recognize the support.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reporting amounts of revenues and expenses during the reporting period. Actual events and results could differ from those assumptions and estimates.

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Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

Note 1 – Summary of significant accounting policies (cont'd)

Revenue and Support

Unconditional contributions of cash or other assets and unconditional promises to give are recorded as revenue in the period received and are classified as without donor restrictions or with donor restrictions based on donor stipulations. Unconditional promises to give that are expected to be collected in future years are recognized at fair value based on estimated future cash flows. Conditional contributions are not recognized until they become unconditional; that is when the conditions on which they depend are substantially met. Gifts of assets other than cash are recorded at their estimated fair value.

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Cash and Cash Equivalents

For purposes of the statement of cash flows, the Foundation considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Property and Equipment

Acquisitions of property and equipment with a cost in excess of \$2,500 or more are capitalized and depreciated using the straight-line method over the estimated useful lives of the assets ranging from three to thirty nine years. Property and equipment are stated at cost, or if donated, at the approximate fair market value at the date of donation.

Advertising Costs

The Foundation expenses the costs of advertising as they are incurred. Advertising expenses incurred during for the year ended December 31, 2022 was \$8,036.

Functional Allocation of Expenses

The functional expenses are broken out to provide detail between three categories: programs, general administrative, and fundraising expenses. Expenses are classified in these categories in accordance with their necessity to run the programs and missions of the Foundation. Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. Salaries and benefits, are expenses, which are allocated based on estimates of time and effort. Office expenses/leases, and utilities are allocated based on square footage of office space used.

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

Note 1 – Summary of significant accounting policies (cont'd)

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Fair values of Financial Instruments

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Foundation classifies certain of its assets and liabilities based upon an established fair value hierarchy that prioritizes the input to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in an active market for the identical asset or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described below:

Level 1- Valuations based on unadjusted quoted market prices for identical assets or liabilities that the foundation has the ability to access at the measurement date;

Level 2- Valuation based on unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability; and

Level 3- Valuation based on inputs that are unobservable and significant to the overall fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The categorization of assets and liabilities within the hierarchy is based upon the pricing transparency and does not necessarily correspond to the Foundations perceived risk of the assets and liabilities.

Investments that do not have a readily determinable fair value are measured using the net asset value (NAV) per share (or its equivalent) practical expedient and are not classified in the fair value hierarchy. Financial instruments are considered valued at NAV when the investment (i.e., commingled funds, hedge funds, private equity funds) is valued at NAV based on capital statements provided by entities that calculate fair value using NAV per share or its equivalent.

Valuation process- Management determines the fair value measurement valuation policies and procedures for assets and liabilities. These policies and procedures are reassessed annually to determine if the current valuation techniques are still appropriate. A variety of qualitative factors are used to subjectively determine the most appropriate valuation methodologies. These are consistent with the market, income, and cost approaches. Unobservable inputs used in fair value measurements are evaluated and adjusted on an annual basis or as necessary based on current market conditions and other third-party information, including NAV received from fund managers based on tier valuation processes and procedures. Certain unobservable inputs are

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

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Note 1 – Summary of significant accounting policies (cont'd)

assessed through review of contract terms, while others are substantiated utilizing available market data, including but not limited to market comparable, qualified opinions, and discounted rates and mortality tables for deferred gifts.

Income Tax Status

The Foundation is exempt from Income taxes under the current provisions of the Internal Revenue Code Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. All tax-exempt entities are subject to review and audit by federal, state and other applicable agencies. Such agencies may review the taxability of unrelated business income or the qualification of the tax-exempt entity under the Internal Revenue Code and applicable state statutes.

The Foundation conforms with Financial Accounting Standards Board Interpretation No.48, *Accounting for Uncertainty in Income Taxes*, which provides accounting and disclosure guidance about uncertain tax positions taken by the Foundation. Management believes that all of the positions taken by the Foundation in its federal and state exempt tax returns are more likely than not to be sustained upon examination. The Foundation's exempt returns are subject to examination by the Internal Revenue Service and the California Franchise Tax Board, generally for three years after they were filed.

Subsequent Events

Subsequent events are events or transitions that occur after the statement of financial position date but before financial statements are issued. The Foundation recognizes in the financial statement the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of financial position, including the estimates inherent in the process of preparing the financial statements. The foundation's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of financial position but arose after the statement of financial position date and before the financial statements are available to be issued.

The Foundation has evaluated subsequent events through January 12, 2023 which is the date the financial statements were available to be issued. Management is not aware of any events that have occurred subsequent to the statement of financial position date that would require adjustment to or disclosure in the financial statements.

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

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Note 2- Fair value measurement

The Foundation purchases Level 1 investments which are stated at fair market value and are summarized as follows:

	Cost	Fair Market Value	
Exchange trade funds	\$ 396,886	\$ 401,906	
Equity funds	48,697	60,938	
Bonds	62,558	62,200	
Total	\$ 508,141	\$ 525,044	

Note 3 – Property and equipment

Property and equipment are summarized by major classification as follows:

Building	\$ 115,293
Building improvements	254,617
Land	200,579
Office equipment/furniture	51,811
Vans	181,060
	803,360
Accumulated depre/amort	(430,608)
Total	\$ 372,752

Depreciation and amortization expense for the year ended December 31, 2022 was \$29,164.

Note 4 – Concentration of risk

In the current year a significant amount of grants were provided by a few major donors. It is always considered reasonably possible that benefactors, grantors and contributors might be lost in the near term. The Foundation’s market is concentrated in the southern California geographical area.

Subsequent to the report date the Foundation was notified that one of the major donors would be decreasing the 2023 grants by approximately 35%. This decrease will lower the total income of the Foundation by 12%. The Foundation has worked and submitted additional grant applications to help make up the difference. At this time the board believes it will not affect the current programs.

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2022

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Note 4– Concentration of risk (cont’d)

The Foundation invests in various types of marketable securities and money market funds. The Foundation has established guidelines relative to diversification and maturities that target certain safety and liquidity risk levels. These guidelines are periodically reviewed and modified to take advantage of trends in yields and interest rates.

The Foundation invests in various investment securities, including U.S. government securities, corporate debt instruments, corporate stocks and various alternative investments. Investment securities, in general, are subject to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements

Note 5 – Net assets

The details of the Foundations net asset categories at December 31, 2022 are as follows:

Without donor restrictions:	
General missions & operations	\$ 942,035
With donor restrictions:	
	-
Total net assets	\$ 942,035

Note 6 – Liquidity and availability of financial assets

The Following table reflects the Foundation’s financial assets as December 31, 2022 reduced by amounts not available for general expenditures due to contractual or donor- imposed restrictions within one year. General expenditures include grant awards, operating and administrative expenses, capital spending and other financial liabilities.

Financial assets	
Cash and cash equivalents	\$ 62,718
Investments	525,044
Prepaid expenses	20,218
Total financial assets available to meet cash needs for general expenditures within one year	\$ 607,980

Fallbrook Healthcare Foundation, Inc.

dba Foundation for Senior Care

Notes to Financial Statements

December 31, 2022

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Note 7 – Prior Period Adjustment

During the fiscal year ended December 31, 2022, the Organization performed additional analysis and found they qualified for the Employee Retention Credit (ERC) in 2020 and retroactively applied for the missed credits. Therefore, the prior years audited financial statements did not include the conditional contribution of \$8,847. Had this contribution been booked, both ERC receivable and net assets without restriction would have increased by \$8,847.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Fallbrook Healthcare Foundation Inc. PO Box 2155 Fallbrook, CA 92088. D Employer identification number 95-3389263. E Telephone number 760-723-7570. G Gross receipts \$ 1,004,962. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: https://foundationforseniorcare.org/. K Form of organization: Corporation. L Year of formation. M State of legal domicile: CA.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Gail Jones, President. Date. Preparer's signature Phillip Howerzyl, CPA, CGMA, Date 11/21/24, self-employed, PTIN P01363785. Firm's name VanderSpek Howerzyl, CPAs, Firm's address 350 West Fifth Ave., Suite 300 Escondido, CA 92025, Firm's EIN 95-2770263, Phone no. (760) 741-2659.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 324,587. including grants of \$) (Revenue \$)

Assisting the elderly and their families with a varying degree of services.

4b (Code:) (Expenses \$ 170,061. including grants of \$) (Revenue \$)

Provide shuttle services for the elderly and their families to assure that they can make health care appointments.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 494,648.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O) See Sch. O
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 Perla Hurtado 135 S Mission Road Fallbrook CA 92028 (760) 723-7570

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Perla Hurtado Interim Executive Director	40 0				X		68,386.	0.	0.	
(2) Patty Sargent Executive Director	40 0				X		50,012.	0.	0.	
(3) Martin Quiroz 2nd VP	2 0	X		X			0.	0.	0.	
(4) Billie Baker Secretary	2 0	X					0.	0.	0.	
(5) Roger Shaver Past president	2 0	X		X			0.	0.	0.	
(6) Carlos Perez Director	2 0	X					0.	0.	0.	
(7) Sarah Eckhardt Director	2 0	X					0.	0.	0.	
(8) Candis Schoenheit Director	2 0	X					0.	0.	0.	
(9) Jenni Strutz Treasurer	0 0	X					0.	0.	0.	
(10) Robert Pace Vice President	2 0	X		X			0.	0.	0.	
(11) Micheal McHale Director	2 0	X					0.	0.	0.	
(12) Gail Jones President	2 0	X		X			0.	0.	0.	
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1b Subtotal	118,398.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	118,398.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	328,722.			
	g Noncash contributions included in lines 1a-1f	1g				
	h Total. Add lines 1a-1f		328,722.			
	Program Service Revenue	2a <u>Service fees</u>		Business Code		
b			190,029.	190,029.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			190,029.			
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,710.	12,710.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
		b Less: rental expenses	6b			
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	324,010.		
			(ii) Other			
		b Less: cost or other basis and sales expenses	7b	323,239.		
	c Gain or (loss)	7c	771.			
	d Net gain or (loss)		771.	771.		
	Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	149,491.	
b Less: direct expenses		8b	32,127.			
c Net income or (loss) from fundraising events			117,364.			
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		11a		Business Code		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		649,596.	203,510.	0.	117,364.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,398.	77,123.	26,323.	14,952.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	390,827.	254,581.	86,892.	49,354.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,835.	6,837.	16,410.	588.
10 Payroll taxes	41,831.	24,640.	12,511.	4,680.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,264.		14,264.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	10,110.	7,565.	2,467.	78.
12 Advertising and promotion	7,209.	4,898.	20.	2,291.
13 Office expenses	6,234.	3,186.	225.	2,823.
14 Information technology				
15 Royalties				
16 Occupancy	13,449.	8,966.	3,839.	644.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	808.		808.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,855.	17,498.	9,357.	
23 Insurance	25,797.	17,182.	7,337.	1,278.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Auto expense</u>	49,588.	49,585.		3.
b <u>Event expenses</u>	32,476.		2,351.	30,125.
c <u>Printing and Publications</u>	11,636.	8,456.	995.	2,185.
d <u>Computer software</u>	9,695.		3,446.	6,249.
e All other expenses	26,846.	14,131.	7,981.	4,734.
25 Total functional expenses. Add lines 1 through 24e	809,858.	494,648.	195,226.	119,984.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing.....	76,870.	1	77,363.
	2 Savings and temporary cash investments.....		2	
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	20,218.	9	20,218.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 803,360.		
	b Less: accumulated depreciation.....	10b 457,463.	372,752.	10c 345,897.
	11 Investments – publicly traded securities.....	510,892.	11	419,367.
	12 Investments – other securities. See Part IV, line 11.....		12	
	13 Investments – program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	1.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	980,732.	16	862,846.	
Liabilities	17 Accounts payable and accrued expenses.....	37,444.	17	37,980.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....		25	
	26 Total liabilities. Add lines 17 through 25.....	37,444.	26	37,980.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	943,288.	27	824,866.
	28 Net assets with donor restrictions.....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
32 Total net assets or fund balances.....	943,288.	32	824,866.	
33 Total liabilities and net assets/fund balances.....	980,732.	33	862,846.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	649,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	809,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	-160,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	943,288.
5	Net unrealized gains (losses) on investments	5	41,840.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	824,866.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
---	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	312,934.	1,089,693.	401,649.	499,654.	328,722.	2,632,652.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	312,934.	1,089,693.	401,649.	499,654.	328,722.	2,632,652.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						2,632,652.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4.	312,934.	1,089,693.	401,649.	499,654.	328,722.	2,632,652.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	17,027.	13,930.	16,769.	15,616.	12,710.	76,052.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						2,708,704.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	97.19 %
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	97.42 %

16a **33-1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

BAA

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Fallbrook Healthcare Foundation Inc.

Employer identification number

95-3389263

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 131,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 28,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization **Fallbrook Healthcare Foundation Inc.** Employer identification number **95-3389263**

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Fallbrook Healthcare Foundation Inc.

95-3389263

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		315,872.	77,263.	238,609.
c Leasehold improvements		258,130.	165,954.	92,176.
d Equipment		208,658.	197,580.	11,078.
e Other		20,700.	16,666.	4,034.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 345,897.

Part VII Investments – Other Securities N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B))		

Part VIII Investments – Program Related N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

Part IX Other Assets N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))	

Part X Other Liabilities
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Fallbrook Healthcare Foundation Inc.

Employer identification number

95-3389263

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Fall Gala (event type)	(event type)	None (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	149,491.		149,491.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	149,491.		149,491.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	11,857.		11,857.	
	7	Food and beverages	10,755.		10,755.	
	8	Entertainment	5,570.		5,570.	
	9	Other direct expenses	3,945.		3,945.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				32,127.
	11	Net income summary. Subtract line 10 from line 3, column (d)				117,364.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

Gaming manager compensation \$ _____

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. . . \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Fallbrook Healthcare Foundation Inc.

Employer identification number

95-3389263

Form 990, Part III, Line 1 - Organization Mission

Its purpose is to provide programs and resources enabling seniors to enhance their well-being and give them a more meaningful life. The geographic areas served include Fallbrook, Bonsall, Rainbow, DeLuz, southwest Temecula and areas of North County San Diego.

Form 990, Part VI, Line 11b - Form 990 Review Process

Governing body will review the return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Officers, directors and key employees are required to sign disclosure statements annually.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation and wage increases for all categories are reviewed/approved by the Board of Directors.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Upon request with board approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: FALLBROOK HEALTHCARE FOUNDATION INC.
California corporation number: 0912117
FEIN: 95-3389263
Street address: PO BOX 2155
City: FALLBROOK
State: CA
ZIP code: 92088

A First return... B Amended return... C IRC Section 4947(a)(1) trust... D Final information return... E Check accounting method... F Federal return filed... G Is this a group filing?... H Is this organization in a group exemption... I Did the organization have any changes to its guidelines... J If exempt under R&TC Section 23701d... K Is the organization exempt under R&TC Section 23701g?... L Is the organization a limited liability company?... M Did the organization file Form 100 or Form 109... N Is the organization under audit... O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Payments (11-16). Total gross receipts: 1,004,962. Total expenses: 841,985. Balance due: 0.

Sign Here: Signature of officer PHILLIP HOWERZYL, CPA, CGMA, Title PRESIDENT, Date 11/21/24. Telephone 760-723-7570.
Paid Preparer's Use Only: Preparer's signature PHILLIP HOWERZYL, CPA, CGMA, Date 11/21/24, Check if self-employed. Firm's name VANDERSPEK HOWERZYL, CPAS, 350 WEST FIFTH AVE., SUITE 300, ESCONDIDO, CA 92025. Telephone (760) 741-2659.
May the FTB discuss this return with the preparer shown above? See instructions. Yes [X] No []

CACA1112L 01/02/24

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	12,710.
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	324,010.
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	339,520.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	676,240.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	118,398.
	12	Other salaries and wages	●	12	390,827.
	13	Interest	●	13	808.
	14	Taxes	●	14	41,831.
	15	Rents	●	15	13,449.
	16	Depreciation and depletion (See instructions)	●	16	26,855.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	●	17	249,817.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	841,985.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		76,870.		77,363.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds		510,892.		419,367.
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets	803,360.		803,360.	
b	Less accumulated depreciation	430,608.	372,752.	457,463.	345,897.
11	Land				
12	Other assets. Attach schedule. STM 4		20,218.		20,219.
13	Total assets		980,732.		862,846.
Liabilities and net worth					
14	Accounts payable		37,444.		37,980.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule				
19	Capital stock or principal fund		943,288.		824,866.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		980,732.		862,846.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	-160,262.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	-160,262.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5	●	-160,262.				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Fallbrook Healthcare Foundation Inc.

Employer identification number

95-3389263

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 131,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 28,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Fallbrook Healthcare Foundation Inc.	Employer identification number 95-3389263
--	--

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

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

Name of organization **Fallbrook Healthcare Foundation Inc.** Employer identification number **95-3389263**

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name FALLBROOK HEALTHCARE FOUNDATION INC.	California corporation number 0912117
---	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12.....	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
LAND ALZHIMER'S	12/31/1998	200,579.			0		
BLDG ALZHIMER'S	12/31/1998	115,293.	74,307.	S/L	39	2,956.	
BLDG IMPROVE	12/31/1998	85,600.	54,425.	S/L	39	2,195.	
BLDG IMPORVE	2/02/2002	3,925.	2,011.	S/L	39	101.	
AC UNIT	8/08/2009	2,800.	1,147.	S/L	39	72.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	26,855.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	<input checked="" type="radio"/>	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<input checked="" type="radio"/>	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary).....	<input checked="" type="radio"/>	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						<input checked="" type="radio"/>	22

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation. Items include WINDOW TREATMEN, PLUMBING, BUILT IN CABINE, FLOOR COVERING, and ROOFING.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes (line 17) and depreciation adjustment (line 18).

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes and depreciation adjustment.

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for listing property, acquisition dates, costs, depreciation methods, and first-year depreciation.

Part III Summary

Table for Part III Summary with rows 16-18 for calculating total depreciation and adjustments.

Part IV Amortization

Table for Part IV Amortization with columns (a) through (g) for listing property, acquisition dates, costs, amortization methods, and amortization for this year.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for listing property, acquisition dates, costs, and depreciation amounts.

Part III Summary

Table for Part III Summary with rows 16-18 for calculating total depreciation and adjustments.

Part IV Amortization

Table for Part IV Amortization with columns (a) through (g) for listing property, acquisition dates, and amortization amounts.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation. Items include Mirrors/Paper R, Office Comput, Telecommunicati, and Laptop.

Part III Summary

Table for Part III with 3 rows. Summary of depreciation amounts and adjustments. Includes radio button selection for lines 16, 17, and 18.

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year. Includes total amortization and adjustment rows.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) and rows 14-15. Includes property descriptions like DESK & CREDENZA, COMPUTER ADULT, VAN - BETTY, WINDOWS, and SIDEWALK REPAIR.

Part III Summary

Table for Part III with rows 16-18. Includes summary rows for total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) and rows 19-22. Includes amortization rows for property.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for property election details, including maximum deduction, total cost, and expense deduction.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for depreciation details, including descriptions like LANDSCAPING, STACKING CHAIRS, SOLAR INSTALLAT, and SHED.

Part III Summary

Table for Part III with rows 16-18 for summary calculations, including total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for amortization details, including descriptions and amortization amounts.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with rows 1-13 for calculating the election to expense certain property under IRC Section 179.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with columns (a) through (h) for listing property, acquisition dates, costs, depreciation methods, and first-year depreciation.

Part III Summary

Table for Part III with rows 16-18 for summarizing total depreciation and adjustments.

Part IV Amortization

Table for Part IV with columns (a) through (g) for listing property, acquisition dates, costs, amortization methods, and amortization amounts.

2023 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

Table with Corporation name (FALLBROOK HEALTHCARE FOUNDATION INC.) and California corporation number (0912117).

Part I Election To Expense Certain Property Under IRC Section 179

Table for Part I with 13 rows. Includes fields for maximum deduction, total cost, threshold cost, reduction in limitation, and dollar limitation. Total elected cost is \$25,000.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table for Part II with 15 rows. Columns include Description of property, Date acquired, Cost or other basis, Depreciation allowed, Depreciation method, Life or rate, Depreciation for this year, and Additional first year depreciation.

Part III Summary

Table for Part III with 3 rows. Includes total depreciation for federal purposes and depreciation adjustment.

Part IV Amortization

Table for Part IV with 7 rows. Columns include Description of property, Date acquired, Cost or other basis, Amortization allowed, R&TC Section, Period or percentage, and Amortization for this year.

Client FHF

Fallbrook Healthcare Foundation Inc.

95-3389263

11/21/24

01:46PM

**Statement 1
Form 199, Part II, Line 7
Other Income**

Income from Special Events.....	\$	149,491.
Program Service Revenue.....		<u>190,029.</u>
Total	\$	<u><u>339,520.</u></u>

**Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees**

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Martin Quiroz PO Box 2155 ,	2nd VP 2.00	\$ 0.	\$ 0.	\$ 0.
Billie Baker PO Box 2155 ,	Secretary 2.00	0.	0.	0.
Roger Shaver 1831 Chapulin Lane Fallbrook, CA 92028	Past president 2.00	0.	0.	0.
Carlos Perez 926 Riverview Drive Fallbrook, CA 92028	Director 2.00	0.	0.	0.
Sarah Eckhardt PO Box 2155 ,	Director 2.00	0.	0.	0.
Candis Schoenheit PO Box 2155 ,	Director 2.00	0.	0.	0.
Jenni Strutz PO Box 2155 ,	Treasurer 0	0.	0.	0.
Robert Pace 135 South Mission Fallbrook, CA 92088	Vice President 2.00	0.	0.	0.
Micheal McHale PO Box 2155 ,	Director 2.00	0.	0.	0.

Client FHF

Fallbrook Healthcare Foundation Inc.

95-3389263

11/21/24

01:46PM

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Gail Jones PO Box 2155 Fallbrook, CA 92088	President 2.00	\$ 0.	\$ 0.	\$ 0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Key Employees:

Name	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Patty Sargent PO Box 2155 ,	Executive Directo 40	50,012.	0.	0.
Perla Hurtado PO Box 2155 ,	Interim Executive 40	68,386.	0.	0.
Total		<u>\$ 118,398.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 14,264.
Advertising and Promotion.....	7,209.
Auto expense.....	49,588.
Bank / credit card fees.....	3,688.
Client events and activities.....	3,416.
Client service moniters.....	330.
Computer software.....	9,695.
Due & memberships.....	3,797.
Event expenses.....	32,476.
Food.....	3,317.
Insurance.....	25,797.
Office Expenses.....	6,234.
Other Employee Benefit.....	23,835.
Other fees.....	10,110.
Postage and Shipping.....	560.
Printing and Publications.....	11,636.
Repairs & Maintenance.....	7,488.
Special Event Expenses.....	32,127.
Telephone.....	3,444.
Training & seminars.....	806.
Total	<u>\$ 249,817.</u>

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges.....	20,218.
Rounding.....	1.
Total	<u>\$ 20,219.</u>



MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

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

<p>FALLBROOK HEALTHCARE FOUNDATION INC. Name of Organization</p> <p>List all DBAs and names the organization uses or has used PO BOX 2155 Address (Number and Street)</p> <p>FALLBROOK, CA 92088 City or Town, State, and ZIP Code</p> <p>760-723-7570 Telephone Number</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <p>State Charity Registration Number <u>037145</u></p> <p>Corporation or Organization No. <u>0912117</u></p> <p>Federal Employer ID No. <u>95-3389263</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice**

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/23 ending 12/31/23) list:

Total Revenue \$ (including noncash contributions) 649,596. **Noncash Contributions \$** 0. **Total Assets \$** 862,846.

Program Expenses \$ 494,648. **Total Expenses \$** 841,985.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	GAIL JONES	PRESIDENT	
Signature of Authorized Agent	Printed Name	Title	Date

Fallbrook Healthcare Foundation Inc

Profit and Loss

January - December 2024

	TOTAL
Income	
Adult Day Care Fees	237,748.00
Donations - Unrestricted	71,466.59
Grants	189,860.19
Monthly Giving	39,900.83
Other Income	-55,693.08
Service Donations	45,909.02
Service Fees	3,139.95
Special Events	178,727.00
Sponsorships	6,772.60
Total Income	\$717,831.10
GROSS PROFIT	\$717,831.10
Expenses	
Advertising and Promotion	6,518.29
Automobile Expenses	
Gas and Fuel	13,567.08
Insurance	-2,630.00
Licenses and Fees	1,223.00
Mileage Reimbursement	2,296.94
Repairs and Maintenance	7,110.75
Total Automobile Expenses	21,567.77
Bank and Credit Card Fees	3,474.28
Client Events and Activities	5,258.07
Grocery Deliveries	0.00
Total Client Events and Activities	5,258.07
Client Service Monitors	324.32
Computer Hardware	1,144.02
Computer Software	5,763.66
Dues and Subscriptions	2,579.66
Event Expenses	500.00
Fall Gala	45,303.35
Holiday Event	350.00
Total Event Expenses	46,153.35
Insurance Expense	20,381.00
Meals and Entertainment	3,703.28
Office Expense	8,406.68
Outside Services and Consulting	45.00
Consulting - Program Specific	2,561.83
Human Resources	92.55
Legal and Accounting	12,330.91
Onboarding	396.00

Fallbrook Healthcare Foundation Inc

Profit and Loss

January - December 2024

	TOTAL
Payroll Processing	2,582.43
Total Outside Services and Consulting	18,008.72
Payroll Expenses	
Medical Insurance	8,245.86
Payroll Taxes	42,764.15
Salaries and Wages	504,400.81
Workers Compensation	3,236.00
Total Payroll Expenses	558,646.82
Postage and Delivery	565.23
Printing and Reproduction	11,439.53
Repairs and Maintenance	9,735.76
Taxes, Licenses, and Permits	453.01
Telephone Expense	3,196.51
Training and Development	689.90
Utilities	
Electricity and Gas	3,213.90
Internet	1,654.87
Security	3,150.00
Waste Collection	679.50
Water	4,448.79
Total Utilities	13,147.06
Total Expenses	\$741,156.92
NET OPERATING INCOME	\$ -23,325.82
Other Income	
Investment Income & (Expense)	41,359.38
Dividend Income	1,988.33
Interest Income	1.87
Long Term Gain (Loss) on Stocks	-16,298.88
Total Investment Income & (Expense)	27,050.70
Total Other Income	\$27,050.70
NET OTHER INCOME	\$27,050.70
NET INCOME	\$3,724.88

FRHD CHC GRANT BUDGET FORM

Agency Name:	FOUNDATION FOR SENIOR CARE	PROGRAM NAME:	
--------------	-----------------------------------	---------------	--

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
A1	Administrative Support	65,869.00			
A2	General Insurance (not program specific)	7,302.42			
A3	Accounting & audit expenses	13,788.00			
A4	Consultant/Contractor Fees	5,300.00			
A5	Physical Assets (Rent, Facility Costs)	4,440.24			
A6	Utilities	14,704.00			
A7	IT & Internet	2,833.00			
A8	Marketing & Communications	21,662.50			
A9	Office Supplies	1,353.00			
A10	Training & Education	974.00			
A11	Credit Card Fees for Payments	4,045.00			
TOTAL INDIRECT EXPENSE		142,271.16	-	-	-
B PERSONNEL EXPENSES - PROGRAM SPECIFIC		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	ADC Staff	173,614.00			
B2	Advocates	127,766.00			75,000.00
B3	Transportation Staff	70,504.00			8,000.00
B4	DTD Staff	17,899.00			5,000.00
B5	Program Supervisor (.05 FTE)	13,500.00			5,000.00
B6	Payroll Expenses (WC, taxes)	69,240.00			
B7	Benefits	10,417.18			
TOTAL PERSONNEL EXPENSE		482,940.18	-	-	93,000.00
C DIRECT PROGRAM EXPENSES		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	27,021.25			2,000.00
C2	Program/Project Supplies	9,100.00			
C3	Printing/Duplicating	7,048.48			
C4	Travel/Mileage	5,450.00			
C5	Program Specific Insurance	47,930.00			
C6	Program-Specific Telephone/Software	4,900.00			
C7	Program-Specific Training	1,020.00			
C8	Program Outreach/Promotions	19,588.35			
C9	Volunteer Clearances	800.00			
C10	Agency Caregivers (for staff absences)	3,200.00			
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		126,058.08	-	-	2,000.00

	W	X	Y	Z
D TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD		
	\$ 751,269.42	13%		

2) FUNDING SOURCES

E FUNDS FOR PROGRAM			
E1	APPLYING ORGANIZATION	X	-
E2	OTHER FUNDERS	Y	-
E3	REQUESTED FROM FRHD	Z	95,000.00
TOTAL FUNDING SOURCES			\$ 95,000.00

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F CALCULATE % of Total Agency budget that this Program represents.		\$ 751,269.42	#DIV/0!
	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

Agency Name: FOUNDATION FOR SENIOR CARE

Program Name: 0

INSTRUCTIONS:

1. List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.
2. Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:
A1	Administrative Support	Includes 33% of the cost of Administrative personnel expense for overall operations, facilities management, finance and payroll processing, reception, phones, etc.; Also
A2	General Insurance (not program specific)	Includes 33% of Directors & Officers Insurance and General Liability
A3	Accounting & audit expenses	Includes 33% of accounting and audit expense
A4	Consultant/Contractor Fees	Includes 33% of HR & Website Maintenance expenses
A5	Physical Assets (Rent, Facility Costs)	Includes 30% of facility repairs and maintenance
A6	Utilities	Electric, Gas, Waste, & Water expense; this program consumes more utility expense than any other program due to client need for more heat, bathroom usage, cooking of snacks, etc.
A7	IT & Internet	Includes 30% of all administrative and fundraising software, hardware, internet expense, and security monitoring
A8	Marketing & Communications	Includes 30% of agency general advertising and promotions, and printing and duplication, plus 15% of marketing labor and 10% of development & outreach labor
A9	Office Supplies	Includes 30% of administrative office supplies, postage and delivery
A10	Training & Education	Includes 30% of minimal admin training
A11	Credit Card Fees	Includes 10% of credit card processing fees - we offer this as a convenience to clients to make their day care fees and care van donations, but it costs us an additional fee

B. PERSONNEL EXPENSES -PROGRAM SPECIFIC

#	Name	Narrative:
B1	ADC Staff	clients. Includes a 3% increase in Jan 2026
B2	Advocates	2 FT Advocates. Includes 3% increase in Jan 2026
B3	Transportation Staff	4 PT Drivers
B4	DTD Staff	Care Administrator is absent, handles escalated client issues, corresponds to County
B5	Program Supervisor (.05 FTE)	Includes 5% of direct program supervision - Exec Director runs daily operations when Day Care Administrator is absent, handles escalated client issues, corresponds to County Licensing Board and oversee license compliance, and directly manages certain Day Care policies, especially related
B6	Payroll Expenses (WC, taxes)	Standard payroll taxes and workers comp
	Benefits	Benefits expense for the above resources

C. DIRECT PROGRAM EXPENSES

#	Name	Narrative:
C1	Equipment	to/from The Club.) Also includes a funding for special equipment/furnishing maintenance -
C2	Program/Project Supplies	supplies, and COVID-safety supplies, all required by the County for Adult Day Care Centers (N95 masks, surgical masks, gowns, gloves, sanitizers); also includes a new
C3	Printing/Duplicating	15% of printing and duplicating expense for the numerous forms, client calendars, intake packets, and activity schedules produced
C4	Travel/Mileage	Employee travel reimbursement - Administrator goes out to shop for weekly supplies
C5	Program Specific Insurance	25% of auto, volunteer, and liability insurances allocated to this program
C6	Program-Specific Telephone/Software	23% of program-related telephone, internet, and software expenses; The Administrator utilizes a custom-built software program exclusively designed for our Day Care program
C7	Program-Specific Training	Subscription fees for training modules - relevant training required by the County for all Caregivers and Administrator on an annual basis
C8	Program Outreach/Promotions	Direct program advertising/promotion expense - running newspaper and social media ads for the Day Care all year; 20% of promotional event and outreach expense
C9	Volunteer Clearances	Expense for background checks and TB testing for Club volunteers
C10	Agency Caregivers (for staff absences)	Allocation for Caregiving Agency expense - must use Agency caregivers when our staff caregivers are absent in order to maintain state-mandated staffing ratios

FRHD CHC GRANT BUDGET REPORTING FORM

 Agency Name: **FOUNDATION FOR SENIOR CARE** PROGRAM NAME: **0**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$142,271.16	\$0.00				
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$482,940.18	\$93,000.00				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$126,058.08	\$2,000.00				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$751,269.42	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**