

Perla Hurtado

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Submission Date Feb 29, 2024 9:52 PM

Tax Exempt Status **YES**

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	Legal Name	DBA (if Applicable)
	Fallbrook Healthcare Foundation Inc	Foundation for Senior Care

Contact Information	Contact Name	Title
	Perla Hurtado	Executive Director
	Primary Contact Phone	Email Address
	760-723-7570	phurtado@foundationforseniorcare.org

Organization Physical Address
135 S Mission Rd
Fallbrook, CA, 92028

Board of Directors



FSC Board of Directors.pdf

150.46 KB

Financial Documents - Audit



Audited Financials 2021.pdf


2.79 MB

Financial Documents - P&L and Balance Sheet

 **Balance Sheet 2023.pdf**
36.23 KB

 **P&L2023.pdf**
36.91 KB

Financial Documents - 990

 **FSC 990.pdf**
393.73 KB

Organization’s Mission Statement

Enhancing the wellbeing of older adults throughout the aging experience.

The Foundation for Senior Care is committed to providing services and resources to older adults (65+) and disabled adults (18+) in the Fallbrook, Bonsall, Rainbow and De Luz communities. We currently offer the following services: transportation and grocery delivery; adult daytime care and caregiver respite; technology classes and senior-centric workshops; referrals, hands-on guidance and support advocacy for a wide variety of senior concerns and needs including healthcare, food and nutrition resources, housing, state and national entitlements, senior living facilities, hospital recovery support, legal and financial assistance, mental health resources, abuse and neglect interventions, safety issues, and more.

In partnership with the Fallbrook Regional Health District, our goal is to remove obstacles, promote resources, and facilitate access to services that enable older adults to live safely, maintain physical and mental wellness, and age gracefully with respect and dignity.

Organization’s Vision Statement

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

We strive to be recognized as a leader in senior services and stewardship – earning acclaim as a trusted ally and a steadfast advocate for the health and wellbeing of older adults and individuals with disabilities.

Organization History & Accomplishments

Our 501(c)(3) agency was established in 1979, and the four key programs we operate today have been effectively serving seniors in our community since 2000.

In 2023, we provided more than 11,300 referral, support and advocacy interactions on behalf of older adults and disabled individuals.

The Foundation for Senior Care has been providing referral, support, and advocacy services since 2005. Our extensive resource database is comprised of over 1,500 organizations, including individual contacts not accessible to the public. Annually, we assist an average of 1,300 individual seniors and disabled adults in the greater Fallbrook area by connecting them with the necessary resources and advocating for their needs.

In 2020 at the peak of the COVID-19 pandemic, our Senior Care Advocacy program partnered with Champion for Health to bring vaccines directly to five

senior housing communities in Fallbrook proper, vaccinating almost 500 seniors. In September of 2023, we partnered with the local Alberton's Pharmacy and the CSUSM School of Nursing to offer a vaccination day at our facility, with the plans to make this an annual outreach.

Two key issues on the rise for older adults and individuals with disabilities are mental health and housing. Since June of 2022, we've connected 130 seniors with mental health resources, and in the past year, approximately 35% of the clients we helped required assistance with both mental health and housing challenges.

Program Name/Title

Senior Care Advocacy

Brief Program Description

Our Senior Care Advocacy Program, like social workers, provides essential support, guidance, and advocacy for seniors and disabled adults. Advocates offer counseling, education, and extensive referrals, ensuring comprehensive care coordination and safeguarding clients' rights and well-being.

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

Established Program

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

YES

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.

Our program has directly benefited 50 out of 115 projected adults post-hospitalization, effectively preventing readmissions and mitigating unsafe discharges. We identified and prevented 11 potential unsafe discharges, resulting in a reduction in adverse outcomes among these individuals. These statistics highlight the tangible impact of our program, showcasing our ongoing dedication to addressing the diverse needs of older adults and individuals with disabilities in the Fallbrook Regional Health District. Moving forward, we are committed to providing safe, dependable, and inclusive transportation services that enhance the quality of life for seniors and individuals with disabilities.

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



FRHD Acknowledgements_23-24.pdf
252.92 KB

Funding Amount Being Requested

42000

Program Information - Type

Ongoing

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

1000

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	6	60
Seniors (60+)	94	940
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

NA

Target Population - Gender

	Percent of program participants
Female	60
Male	40
Non-binary	
Unknown*	

*Target Population - Gender

NA

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	40
Very Low (50%) Income Limits, ceiling of \$53,500	35
Low (80%) Income Limits, ceiling of \$85,600	20
Higher Than Listed Limits	5
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

NA

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Older Adults

Special Populations

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

This initiative directly addresses the social determinant of health (SDOH) of economic stability by providing seniors and individuals with disabilities access to housing resources and essential supports. By securing stable housing and offering assistance with mental health referrals, the program helps individuals maintain financial stability and access necessary resources without facing the additional burden of housing insecurity or unmet mental health needs. This support ultimately contributes to economic stability by reducing the financial strain associated with housing instability and ensuring individuals can access the resources needed to maintain their well-being.

Social Determinants of Health -
Social and Community Context

This program addresses the social determinant of health (SDOH) of social and community context by fostering connections and support networks within the community. By providing seniors and individuals with disabilities access to housing resources, mental health referrals, and essential supports, the program helps to strengthen social ties and promote community integration. This fosters a sense of belonging and community cohesion, which are essential components of overall health and well-being. Overall, by addressing the social and community context, the program contributes to creating a supportive environment that promotes social connections and enhances the overall health outcomes of seniors and individuals with disabilities.

Social Determinants of Health -
Healthcare Access and Quality

This program indirectly addresses the social determinant of health (SDOH) of Healthcare Access and Quality by facilitating access to housing resources and mental health referrals. By ensuring seniors and individuals with disabilities have stable housing and access to mental health services, the program contributes to overall health outcomes. Stable housing can lead to better health outcomes by reducing stress and providing a stable environment conducive to wellness. Additionally, access to mental health services improves overall healthcare quality by addressing mental health needs, which are often interconnected with physical health. Thus, by addressing these factors, the program indirectly improves healthcare access and quality for the individuals it serves.

Social Determinants of Health -
Neighborhood and Built Environment

This program directly addresses the social determinant of health (SDOH) of Neighborhood and Built Environment by providing support with housing resources. By securing stable housing for seniors and individuals with disabilities, the program ensures they are situated in safe and healthy environments. Stable housing contributes to a positive built environment by providing access to amenities such as

parks, grocery stores, and healthcare facilities, which are essential for overall well-being. Additionally, by addressing housing needs, the program helps to mitigate environmental factors such as housing insecurity, overcrowding, and exposure to unsafe living conditions, all of which can negatively impact health outcomes. Overall, by improving housing stability and ensuring individuals reside in safe and supportive neighborhoods, the program directly addresses the SDOH of Neighborhood and Built Environment, promoting better health and well-being for the community.

Statement of Need/Problem

The Senior Care Advocacy program addresses a critical need within the Fallbrook Regional Health District, aligning closely with our organization's mission to enhance the wellbeing of seniors and disabled adults in our community. As the population ages, the demand for comprehensive support services for seniors and disabled individuals becomes increasingly urgent. This need is evident in the demographic profile of the Fallbrook region and is supported by a wealth of quantitative and qualitative data.

Additionally, the prevalence of chronic health conditions among seniors in our community underscores the importance of proactive and comprehensive health management strategies. By addressing the medical, psychological, social, and financial needs of seniors and disabled adults, the Senior Care Advocacy program aims to mitigate the impact of chronic health conditions and improve overall health outcomes.

Moreover, mental health issues and the risk of homelessness have become increasingly prevalent challenges facing seniors in our community. The lack of affordable housing has replaced caregiving concerns as the number one issue faced by seniors. This highlights the complex interplay between social determinants of health, such as housing instability, financial insecurity, and mental health, which can significantly impact the wellbeing of seniors and disabled individuals.

In addressing these pressing needs, the Senior Care Advocacy program directly targets several social determinants of health, including access to healthcare, socio-economic status, housing stability, food security, and social support networks. By providing tailored support and assistance to seniors and disabled adults, our program aims to empower individuals to live safely and independently in their homes for as long as possible, thereby improving overall quality of life and wellbeing.

The need for the Senior Care Advocacy program within the Fallbrook Regional Health District is evident based on the demographic profile of the region and supported by quantitative data, trends in the service sector, and research on social determinants of health. By addressing the multifaceted needs of seniors and disabled individuals, our program seeks to enhance the health, independence, and quality of life of vulnerable populations within our community.

How are other organizations addressing this need in the community?

While there are other organizations in Fallbrook providing food for the hungry, therapeutic programs for the disabled, social programs, community education and counseling support, no one else connects seniors and the disabled to the full range of resources available to them, nor do they dig into underlying social determinants of health to identify factors that may be contributing to poor health outcomes. Our Advocates are the network that educates and connects individuals with many of the other community offerings, depending on their assessed needs. We work closely with so many of these agencies.

After gaining experience, the new Community Wellness Navigator at the Wellness Center may provide a similar service for the non-senior population, and we hope to work closely and collaboratively with that new resource in the

future to create synergies and offer comprehensive services in our community for all.

Program/Services Description -
Program Entry & Follow Up

Recipients access our Senior Care Advocacy program through word-of-mouth, online searches, advertising, PR and other promotional communications, social media, family members, other Foundation service programs, and referrals from other community businesses, service agencies, medical facilities and first responders. We also publicize the program with speaking engagements, community activities and our own events.

Enrollment is simple: individuals reach out for assistance, either through a phone call for basic guidance or a home visit for complex cases. Ongoing support includes detailed assessments, goal setting, and daily assistance if needed. Volunteer "Care Buddies" make regular calls once situations stabilize. All interactions are tracked using custom software. Services are free, funded by the Fallbrook Regional Health District and fundraising.

Senior Care Advocacy clients also receive information about our other senior services to ensure they are aware of all available resources.

Program/Services Description -
Program Activities

Our Senior Care Advocacy Program serves as a crucial lifeline for seniors and disabled adults, delivering a wide range of interventions and services tailored to their diverse needs through essential support, hands-on guidance, and dedicated advocacy for clients through various channels.

INFORMATION: Our Advocates offer counseling and education to clients and their families, empowering them with knowledge about a broad scope of senior concerns and issues. This guidance ensures informed decision-making and fosters a sense of empowerment among older adults and individuals with disabilities.

REFERRALS: With an extensive resource database, comprised of over 1,500 organizations, including individual contacts not accessible to the public, our Advocates play a pivotal role in coordinating multiple care services for clients.

This includes healthcare referrals to physicians, caregivers, home health, hospice facilities, counselors, and other support services. They diligently monitor the effectiveness of recommended caregivers and agencies, ensuring that clients receive high-quality care tailored to their needs.

In addition, our Advocates connect clients with organizations and resources that assist in other areas, including food and nutrition resources, housing assistance, state and national entitlements, senior living facilities, legal and financial assistance, mental health resources, safety issues, and more.

ADVOCACY: In all situations, whether it involves one resource or the coordination of multiple resources working together, our Advocates act as adept case managers in a variety of areas including food and nutrition, housing, state and national entitlements, senior living placements, legal and financial assistance, fraud, abuse, or neglect, mental health, safety issues, and more.

They serve as unwavering stewards for seniors' rights in numerous settings, including hospitals, housing disputes, and negotiations with bill collectors, and they collaborate with Adult Protective Services and law enforcement to stabilize challenging circumstances and safeguard clients' immediate wellbeing.

Our Advocates are also highly skilled in assisting low-income individuals, guiding them through the enrollment process for programs such as Medi-Cal, free food initiatives, benefits through the VA, and discount programs for essential services like energy, phones, and internet access.

Beyond these services, our Advocates extend support with practical tasks such as packing, moving, home maintenance, and providing loaners of durable medical equipment. These seemingly simple tasks can have a profound impact on a senior's ability to live safely, independently, and thrive.

In summary, our Senior Care Advocacy Program is highly beneficial to participants as it provides them with personalized support tailored to their unique needs. Through counseling, education, coordination of care services, advocacy, and practical assistance, our program ensures that seniors and disabled adults receive comprehensive support to improve their quality of life, enhance their wellbeing, and maintain their independence for as long as possible.

Without our Senior Care Advocacy Program, there would be a significant gap in the care and wellbeing of seniors and disabled adults in our community. Our advocates serve as lifelines, guiding individuals through complex processes, connecting them with vital resources, and advocating for their rights. Their dedication and expertise are invaluable in the lives of older adults and individuals with disabilities residing in the Fallbrook Regional Health District.

Program Goal

The goal of our Senior Care Advocacy program is to providing older adults and disabled individuals in the Fallbrook Regional Health District with information, referrals, case management, hands-on support, and interventions across a wide range of areas; to advocate on their behalf with organizations, agencies, individuals and other entities with the intent of addressing client-specific needs and achieving positive outcomes.

Specifically, measurable goals include: assist 1,000 clients in the Fallbrook Regional Health District with any of our Senior Care Advocacy services; at least 300 visits with clients at home or at a healthcare facility in the Fallbrook Regional Health District; act as a Case Manager for 70 clients in the Fallbrook Regional Health District who have complex health or living needs; discuss mental health wellbeing with a least 100 clients in the Fallbrook Regional Health District.

Program Objectives & Measurable Outcomes

Objective 1:

To assist 1,000 seniors and/or disabled adults in the Fallbrook Regional Health District with our Senior Care Advocacy services – addressing their specific needs and overcoming obstacles -- during the 2024-2025 FRHD fiscal year.

This will be measured by tracking all visits for new and existing clients, including a record and report of all activities, interactions and referrals.

Objective 2:

To visit with at least 300 senior or disabled clients at home or at healthcare facilities in the Fallbrook Regional Health District -- assessing their unmet needs, evaluating health and home safety, and taking action steps to address those needs -- during the 2024-2025 FRHD fiscal year.

This will be measured by tracking all home or healthcare facility visits, including a record and report of the types of visits.

Objective 3:

To act as a Case Manager for 70 seniors or adults with disabilities with the Fallbrook Regional Health District, who have complex health or living needs, with the goal of stabilizing their situation and achieving a positive outcome, during the 2024-2025 FRHD fiscal year. Case management should include a set objective, a plan of action, the resources required, regular visits and follow-up.

This will be measured by tracking the number of clients for whom we act as Case Managers and advocate on their behalf. Records and reports will detail the set objectives, the actions taken, and the resulting outcomes.

Objective 4:

Discuss mental health wellbeing with at least 100 older adults or individuals with disabilities from the Fallbrook Regional Health District, and referring at least 50% to mental health providers, during the 2024-2025 FRHD

This will be measured by tracking data for all mental health interactions, including a record and report on the number of mental health discussions with clients, health provider referrals and/or assistance reestablishing lapsed appointments with existing providers.

Organization Collaborations

In our Senior Advocacy program, we collaborate with organizations, agencies, individuals and other entities to address the needs of older adults and individuals with disabilities to ultimately achieve positive outcomes.

- Fallbrook Food Pantry – assess/coordinate enrollment in food home delivery program
- Fallbrook Senior Center – refer clients with nutrition needs, help each other with durable medical equipment demands, promote each other's programs
- Gary and Mary West PACE – help potential PACE clients apply for Medi-Cal and enroll in PACE
- SDG&E – energy partner, helping connect seniors with energy discount programs and medical baseline programs
- Anchor Health – host monthly Veteran's support group
- North County Fire – handle referrals from NCF for our Door Through Door program and for any senior or disabled resident who appears in need of support
- Adult Protective Services (APS) – collaborate with APS on Fallbrook area cases of abuse, self-neglect, or fraud
- Office of Homeless Solutions – regularly connect to secure Section 8 Emergency Housing or emergency motel vouchers, and recently, worked directly with them to get qualified low-income seniors on their list for shallow rent subsidies
- YANA/Sheriff – regularly refer clients to ensure that they are checked in on
- Aging and Independent Services – partner to distribute and manage nutrition program booklets for Farmer's Market goods; engage in community meetings
- Aetna and HealthNet Medi-Cal Managed Care Plans – Community Support Partners with these plans to provide Hospital and/or Assisted Living transition support, homeless/at-risk housing support, and respite services
- Age Well San Diego – active participants in four out of five Age Well 2.0 Planning groups, helping develop the Age Well Roadmap for the next 3 years
- Care Excellence: Caregiver support group

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

Fallbrook Regional Health District's support is consistently acknowledged as a grantor/supporter with logo (and map when appropriate) on our website, social media, Care Vans, impact reports, and other promotional and educational communication materials.

Funding History

NO

Program Budget



24_25 FRHD CHC Program Budget Form_... .xlsx
55.31 KB

Terms and Conditions

Accepted

Authorized Signature



Foundation for Senior Care
Board of Directors

Gail Jones- President

Roger Shaver- Past President

Robert Pace- 1st Vice President

Michael McHale- 2nd Vice President

Sarah Eckhardt- Secretary

Jennifer Strutz- Treasurer

Candis Schoenheit- Director

Carolos Perez- Director

Jennifer Afalava- Director

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
(A Non-Profit Organization)
Financial Statements
December 31, 2021

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
December 31, 2021

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INDEPENDENT AUDITOR'S REPORT

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

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, 2021, 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, 2021 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.

Vander Spek Howerzyl, CPAs

Escondido, CA
January 12, 2023

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Financial Position
December 31, 2021

Assets

Current Assets

Cash and cash equivalents	\$ 107,940
Investments	741,332
Prepaid expenses	19,839
Total current assets	<u>869,111</u>

Property and equipment, net 404,066

Total Assets \$ 1,273,177

Liabilities and Net Assets

Current Liabilities

Accounts Payable and Accrued Expenses	\$ 10,305
Payroll liabilities	23,198
Total Current Liabilities	<u>33,503</u>

Net Assets

Net Assets, without donor restrictions	1,239,674
Net Assets, with donor restrictions	-
Total Net Assets	<u>1,239,674</u>

Total Liabilities and Net Assets \$ 1,273,177

See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Activities
For the Year Ended December 31, 2021

	Without Donor Restriction	With Donor Restriction	Total Dec. 31, 2021
Support and revenues			
Donations - public support	\$ 136,833	\$ -	\$ 136,833
Fees	101,280		101,280
Fundraising	117,866		117,866
Grants	376,391		376,391
Net investment income	81,785		81,785
Total support and revenues	<u>814,154</u>	<u>-</u>	<u>814,154</u>
Net assets released from restrictions			
Satisfaction of donor restrictions	<u>74,503</u>	<u>(74,503)</u>	
Expenses			
Programs	537,370		537,370
Fundraising	73,689		73,689
General and administrative	205,088		205,088
Total expenses	<u>816,147</u>	<u>-</u>	<u>816,147</u>
Change in net assets	72,510	(74,503)	(1,993)
Net assets, beginning	1,167,164	74,503	1,241,667
Net assets, ending	<u>\$ 1,239,674</u>	<u>\$ -</u>	<u>\$ 1,239,674</u>

See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Functional Expenses
For the Year Ended December 31, 2021

	Program	Fundraising	General Admin	Totals
Advertising	\$ 12,123	\$ 1,148	\$ 1,468	\$ 14,739
Bank charges	1,860	1,068	439	3,367
Depreciation & amortization	27,625		7,500	35,125
Dues & memberships	1,961	273	1,524	3,758
Computer software	641	5,014	2,045	7,700
Events/activities	1,600		6,500	8,100
grocery delivery expenses	1,382	58		1,440
Insurance	14,423	231	7,313	21,967
Interest expense	952			952
Occupancy	29,396	83	3,450	32,929
Office expense & supplies	5,510	627	4,239	10,376
Outside Services	9,517	2,816	1,136	13,469
Professional fees	7,273	31	13,967	21,271
Publicity	7,357		843	8,200
Postage	132	295	619	1,046
Employee expenses	383,069	62,045	152,937	598,051
Telephone	2,433		534	2,967
Travel & transport	30,116		574	30,690
Totals	<u>\$ 537,370</u>	<u>\$ 73,689</u>	<u>\$ 205,088</u>	<u>\$ 816,147</u>

See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Statement of Cash Flows
For the Year Ended December 31, 2021

Cash flows from operating activities:	
Change in net assets	\$ (1,993)
Adjustments to reconcile changes in net assets to net cash used in operating activities	
Depreciation & amortization	35,125
Unrealized gain on investments	(30,971)
Decrease in prepaid	608
Increase in accounts payable	3,348
Increase in payroll liabilities	1,450
Decrease accrued discount on non interest bearing notes	(952)
Net cash provided by operations	<u>6,615</u>
Cash flows from investing activities:	
Sale of investments	438,089
Purchase of investments	(380,010)
Net cash used by investing activities	<u>58,079</u>
Cash flows from financing activities:	
Payments on loans	(32,821)
Net cash used for financing activities	<u>(32,821)</u>
Net increase/(decrease) in cash	31,873
Cash balance at beginning of year	<u>76,067</u>
Cash balance at end of year	<u>\$ 107,940</u>
Interest expense	<u>\$ 952</u>

See Notes to Financial Statements

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2021

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.

Endowment Fund

The Foundation's endowment was established by the board of directors in 2012 with a goal to provide support to the foundation's projects into perpetuity. The endowment was originally funded by the board members. During the last several years the board has discussed releasing the endowment funds back into the general fund. During 2021 they have procured the approval of the original donors to release the funds for general use.

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2021

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.

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 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, 2021 was \$14,739.

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, 2021

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

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 asset s 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, 2021

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, 2021

Note 2- Fair value measurement

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

	<u>Cost</u>	<u>Fair Market Value</u>
Exchange trade funds	\$ 492,294	\$ 559,499
Equity funds	101,533	141,225
Bonds	40,851	40,608
Total	<u>\$ 634,678</u>	<u>\$ 741,332</u>

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	46,891
Vans	234,378
Start up costs	4,639
	<u>856,397</u>
Accumulated depn/amort	<u>(452,331)</u>
Total	<u>\$ 404,066</u>

Depreciation and amortization expense for the year ended December 31, 2021 was \$35,125.

Note 4 – Notes payable

In 2017 the Foundation entered into several notes payable for care vans to better assist the community in transporting individuals in need to their doctor’s appointments. The notes payable for care vans are non-interest bearing; however, to reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed interest rate of 3% which approximates the Foundation’s long-term borrowing rate on vehicles at the origination date. Amortization of the discount is reported in the Statement of Activities as interest expense. At December 30, 2021, the notes were paid off. Interest expense reported on these notes were \$952.

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2021

Note 5 – Risk of uncertainties

On January 30, 2020 the World Health Organization (WHO) announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the COVID 19 outbreak). On March 11, 2020 the WHO classified the COVID – 19 out-break as a pandemic, triggering volatility in financial markets and a significant impact on the global economy. The value of the Foundation’s investments will fluctuate in response to changing market conditions, and the amount of gain/losses that could be recognized in the subsequent periods, if any, cannot be determined. The full impact of the COVID -19 outbreak along with its continual variant strains continues to evolve as of the date of this report.

Note 6 – 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 2022 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.

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

Fallbrook Healthcare Foundation, Inc.
dba Foundation for Senior Care
Notes to Financial Statements
December 31, 2021

Note 7 – Net assets

The details of the Foundations net asset categories at December 31, 2021 are as follows:

Without donor restrictions:	
General missions & operations	\$ 1,239,674
With donor restrictions:	
	-
Total net assets	\$ 1,239,674

Changes in endowment net assets for the year ended December 31, 2021 were as follows:

Endowment net assets January 1, 2021	\$ 74,503
Donor release from endowment	(74,503)
Endowment net assets, December 31, 2021	\$ -

Note 8 – SBA Paycheck Protection Program

During 2020 the Foundation applied for and received \$130,000 under the Paycheck Protection Program created as part of the relief efforts related to COVID-19 and administered by the Small Business Administration. The Foundation used the proceeds for qualifying expenses and the loan and interest was forgiven in March of 2021. The Foundation chose not to follow FASB ASC 470 as the Management concluded that the PPP loan represents in substance a grant. Therefore, the Foundation follows FASB ASC 958-605 and reported the loan as a grant included in support and revenues for the year ended December 31, 2020.

Note 9 – Liquidity and availability of financial assets

The Following table reflects the Foundation’s financial assets as December 31, 2021 reduced by amounts not available for general expenditures due to contractual or donor- imposed restrictions within one year. Amounts not available include endowments. General expenditures include grant awards, operating and administrative expenses, capital spending and other financial liabilities.

Financial assets	
Cash and cash equivalents	\$ 122,482
Investments	726,025
Prepaid expenses	20,446
Total financial assets available to meet cash needs for general expenditures within one year	\$ 868,953

Fallbrook Healthcare Foundation

Balance Sheet

02/29/24

As of December 31, 2023

Accrual Basis

	<u>Dec 31, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
Bloomerang Holding Account	-46.13
Charles Schwab-Investments7176	380,226.26
Charles Schwab - Cash Flow1791	19,363.64
Pacific Western Bank - 1122483	57,977.42
PayPal	-639.23
Square Holding Account	862.70
Stripe Holding Account	953.36
Total Checking/Savings	<u>458,698.02</u>
Accounts Receivable	
Accounts Receivable	-700.00
Total Accounts Receivable	<u>-700.00</u>
Other Current Assets	
Undeposited Funds	24,076.10
Total Other Current Assets	<u>24,076.10</u>
Total Current Assets	<u>482,074.12</u>
Fixed Assets	
Accumulated Depreciation	-452,331.00
Building & Improvements	304,003.16
Furniture and Equipment	9,862.96
Land	200,579.00
Office Equipment	30,730.99
Parking Lot Improvements	20,897.00
Sheds	5,851.04
Solar Installation	45,509.97
Start Up Costs	4,639.00
Vans	234,386.43
Total Fixed Assets	<u>404,128.55</u>
Other Assets	
Prepaid Expenses	19,838.63
Total Other Assets	<u>19,838.63</u>
TOTAL ASSETS	<u>906,041.30</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accrued Expenses	5,198.08
Accrued Payroll	20,703.20
Accrued Vacation	5,106.48
Payroll Liabilities	27,794.14
Total Other Current Liabilities	<u>58,801.90</u>
Total Current Liabilities	<u>58,801.90</u>
Total Liabilities	58,801.90
Equity	
Retained Earnings	1,034,138.52
Unrealized Gain (Loss) on Asset	-54,735.68
Net Income	-132,163.44
Total Equity	<u>847,239.40</u>
TOTAL LIABILITIES & EQUITY	<u>906,041.30</u>

Return of Organization Exempt From Income Tax

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

2022

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 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Fallbrook Healthcare Foundation Inc. PO Box 2155 Fallbrook, CA 92088	D Employer identification number 95-3389263	E Telephone number 760-723-7570
F Name and address of principal officer: Same As C Above		G Gross receipts \$ 2,339,788.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
J Website: https://foundationforseniorcare.org/		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation:	M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>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.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	38
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	618,623.	499,654.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,280.	169,043.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,083.	-33,861.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,233.	123,247.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	770,219.	758,083.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	600,676.	634,260.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	116,766.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	208,822.	213,726.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	809,498.	847,986.
	19 Revenue less expenses. Subtract line 18 from line 12	-39,279.	-89,903.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,273,021.	980,732.
22 Net assets or fund balances. Subtract line 21 from line 20	30,932.	37,444.	
		1,242,089.	943,288.

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	Date	
	Type or print name and title President		
Paid Preparer Use Only	Print/Type preparer's name Phillip Howerzyl, CPA, CGMA	Preparer's signature Phillip Howerzyl, CPA, CGMA	Date
	Firm's name VanderSpek Howerzyl, CPAs	Check <input type="checkbox"/> self-employed <input type="checkbox"/> if PTIN P01363785	
	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 \$ 325,361. including grants of \$ 44,419.) (Revenue \$ 169,712.)

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

4b (Code:) (Expenses \$ 217,823. including grants of \$ 68,295.) (Revenue \$ 128,920.)

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 543,184.

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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	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):		
28a	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
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c	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 non-cash 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
35b	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.		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c	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 17		
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. 1a 10 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.		
b	Enter the number of voting members included on line 1a, above, who are independent. 1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

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) Patty Sargent Executive Director	40 0				X		76,065.	0.	0.	
(2) Martin Quiroz Vice President	0 0	X					0.	0.	0.	
(3) Sarah Eckhardt Director	2 0	X					0.	0.	0.	
(4) Roger Shaver Past president	2 0	X		X			0.	0.	0.	
(5) Carlos Perez 2nd VP	2 0	X		X			0.	0.	0.	
(6) Billie Baker Secretary	0 0	X					0.	0.	0.	
(7) Candis Schoenheit Director	0 0	X					0.	0.	0.	
(8) Jenni Strutz Director	0 0	X					0.	0.	0.	
(9) Robert Pace Vice President	2 0	X					0.	0.	0.	
(10) Michael McHale Director	1 0	X					0.	0.	0.	
(11) Gail Jones President	1 0	X					0.	0.	0.	
(12)										
(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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1b Subtotal	76,065.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	76,065.	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	499,654.			
	g Noncash contributions included in lines 1a-1f	1g				
	h Total. Add lines 1a-1f		499,654.			
	Program Service Revenue	2a <u>Service fees</u>		Business Code		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			169,043.	169,043.		
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		15,617.	15,617.	
	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	1,510,004.		
			(ii) Other			
		b Less: cost or other basis and sales expenses	7b	1,552,404.	7,078.	
		c Gain or (loss)	7c	-42,400.	-7,078.	
	d Net gain or (loss)		-49,478.	-49,478.		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		145,470.		
			b Less: direct expenses	8b	22,223.	
c Net income or (loss) from fundraising events			123,247.		123,247.	
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		758,083.	135,182.	0.	123,247.

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.....	76,065.	11,410.	45,639.	19,016.
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.....	471,994.	372,974.	54,746.	44,274.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....	38,646.	7,174.	25,198.	6,274.
10 Payroll taxes.....	47,555.	26,333.	17,591.	3,631.
11 Fees for services (nonemployees):				
a Management.....				
b Legal.....				
c Accounting.....	14,329.	4,413.	9,916.	
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.).....	22,423.	3,218.	8,592.	10,613.
12 Advertising and promotion.....	8,037.	6,919.	129.	989.
13 Office expenses.....	3,114.	657.	2,355.	102.
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	17,512.	13,623.	3,721.	168.
17 Travel.....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....	135.		135.	
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	29,164.	17,498.	11,666.	
23 Insurance.....	18,977.	15,279.	3,089.	609.
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>	44,904.	44,108.	569.	227.
b <u>Event expenses</u>	23,077.	1,501.		21,576.
c <u>Printing and Publications</u>	9,832.	8,357.	983.	492.
d <u>Due & memberships</u>	4,927.	2,579.	2,273.	75.
e All other expenses.....	17,295.	7,141.	1,434.	8,720.
25 Total functional expenses. Add lines 1 through 24e.	847,986.	543,184.	188,036.	116,766.
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	122,572.	1	76,870.
	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	20,446.	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 430,608.	403,978.	10c 372,752.
	11 Investments – publicly traded securities	726,025.	11	510,892.
	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	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,273,021.	16	980,732.	
Liabilities	17 Accounts payable and accrued expenses	30,931.	17	37,444.
	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	1.	25	
	26 Total liabilities. Add lines 17 through 25	30,932.	26	37,444.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	1,167,586.	27	943,288.
	28 Net assets with donor restrictions	74,503.	28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	1,242,089.	32	943,288.
33 Total liabilities and net assets/fund balances	1,273,021.	33	980,732.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	758,083.
2	Total expenses (must equal Part IX, column (A), line 25)	2	847,986.
3	Revenue less expenses. Subtract line 2 from line 1	3	-89,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,242,089.
5	Net unrealized gains (losses) on investments	5	-210,785.
6	Donated services and use of facilities	6	
7	Investment expenses	7	4,545.
8	Prior period adjustments	8	8,847.
9	Other changes in net assets or fund balances (explain on Schedule O) See Schedule O	9	-11,505.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	943,288.

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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?		X
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			
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		

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is
> the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.
- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.
> The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, printing, program related insurance (e.g., vehicle), trainings and certifications.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

- List other grant funders that have been approached by your organization for this program in the
- > past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

4 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

5 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name:	Foundation for Senior Care	PROGRAM NAME:	Senior Care Advocacy
--------------	-----------------------------------	---------------	-----------------------------

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	37,975.25	29,975.25	8,000.00	
A2	General Insurance (not program specific)	1,899.00	1,899.00		
A3	Accounting & audit expenses	420.00	420.00		
A4	Consultant/Contractor Fees	4,130.00	4,130.00		
A5	Physical Assets (Rent, Facility Costs)	1,126.44	1,126.44		
A6	Utilities	1,491.60	1,491.60		
A7	IT & Internet	243.54	243.54		
A8	Marketing & Communications	1,902.25	902.25	1,000.00	
A9	Office Supplies	275.30	275.30		
A10	Training & Education	15.00	15.00		
A11	Other: specify		-		
TOTAL INDIRECT EXPENSE		49,478.38	40,478.38	9,000.00	-

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Senior Care Advocates (2.4 FTE)	118,622.45	10,122.45	70,000.00	38,500.00
B2	Durable Medical Equipment Coord (.05 FTE)	1,925.80	925.80	500.00	500.00
B3	Program Supervisor (.04 FTE)	3,440.00	440.00	2,500.00	500.00
B4			-		
B5	Payroll Expenses (WC, taxes)	18,145.24	18,145.24		
B6	Benefits	2,425.16	2,425.16		
B7	Other: specify		-		
TOTAL PERSONNEL EXPENSE		144,558.65	32,058.65	73,000.00	39,500.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	1,187.25	87.25	100.00	1,000.00
C2	Program/Project Supplies	2,812.00	1,312.00	1,000.00	500.00
C3	Printing/Duplicating	3,678.08	2,178.08	1,000.00	500.00
C4	Travel/Mileage		-		
C5	Program Specific Insurance	1,250.00	1,250.00		
C6	Program-Specific Telephone/Software	3,210.00	2,710.00		500.00
C7	Program-Specific Training	50.00	50.00		
C8	Program Outreach/Promotions	1,141.35	1,141.35		
C9	Volunteer Clearances	87.00	87.00		
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		13,415.68	8,815.68	2,100.00	2,500.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 207,452.71	20%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	81,352.71
E2	OTHER FUNDERS	Y	84,100.00
E3	REQUESTED FROM FRHD	Z	42,000.00
TOTAL FUNDING SOURCES			\$ 207,452.71

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 874,098.00	\$ 207,452.71	24%
		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: Senior Care Advocacy

INSTRUCTIONS:

List other funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending. Please include all major sources of funding - this includes agencies fundraisers, annual community support and grantmakers.

Funder Name	Date Submitted	Amount Requested	Status

FRHD CHC GRANT BUDGET REPORTING FORM

 Agency Name: **Foundation for Senior Care** PROGRAM NAME: **Senior Care Advocacy**

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	\$49,478.38	\$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	\$144,558.65	\$39,500.00				
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$13,415.68	\$2,500.00				
	D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$207,452.71	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00

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

FRHD Acknowledgements




Email Signatures




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Programming supported by **Fallbrook Regional**
HEALTH DISTRICT




Communications

Grantors, Foundations and Endowments

We are so very grateful for the unwavering support we continue to receive from our grantors and endowment organizations. The ongoing commitment is deeply appreciated and plays a pivotal role in the success of the Foundation for Senior Care and our efforts on behalf of older adults.

Care Van Medallions

