

**Organization Information**

**Legal Name**

**Fallbrook Healthcare Foundation**

**DBA (if Applicable)**

**Foundation for Senior Care**

**Year Founded - use date of incorporation**

**1979**

**Program Name/Title**

**Adult Day Care**

**Brief Program Description**

Our Adult Day Program provides support, caregiving, and socialization for clients who are living with moderate to profound cognitive and medical impairments, as well as support for those who care for them. Caregiver mental and physical respite is also a significant driver for clients to enter our program.

**Is this a new (pilot, recently developed) or established program?**

Established Program

**Program Information - Type**

Ongoing

**Requested Amount**

54214

**How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?**

48168.90

**Organization's Mission Statement**

The Foundation for Senior Care's mission is to provide programs and resources to Greater Fallbrook area seniors and disabled adults, enabling them to enhance their well-being and give them a more meaningful life. Since 2000, we have served seniors and disabled adults in the community through the provision of transportation, an adult day program, technology education, and through hands-on help and referrals for healthcare needs, food resources, housing, state and national entitlements, legal and financial assistance, abuse and neglect interventions, and so much more.

The Fallbrook Adult Day Care Center, "The Club" fully supports our mission by providing resources for seniors and the disabled to have an enriched life, provide socialization and allow for respite support for those caregivers who work so hard caring for their family members. Indeed, most of the clients we serve have elderly caregivers, thus our program indirectly supports their health and wellbeing as well.

## **Organization's Vision Statement**

Our vision is to be the go-to resource for seniors and the disabled in the communities we serve, acting as a trusted resource to promote health through advocacy and education, provide help and reliable referrals, and overcome obstacles, so that seniors and the disabled have what they need to age safely in place with access to healthcare, a safe environment, food and housing security, transportation, and social outlets. Our vision, and all of our programs, are very much in alignment with the Fallbrook Regional Health District's vision to offer and support services and programs that measurably improve physical and mental health, social engagement and increased life span and independence.

## **Agency Capability**

Our 501(c)3 agency was established in 1979. The programs we operate today have been successfully serving seniors in this community since the early 2000s, continuing to fill a gap in the health and wellbeing of local seniors, while providing affordable options for low-income families. In 2021, we provided direct services to approximately 1,100 clients through at least one of our interrelated programs.

Our Adult Day Care Program, affectionately known as "The Club" amongst our clients was established in 2000 when community and physician surveys revealed the significant need for caregiving for those with dementia and other cognitive impairments. While the majority of our clients do have some form of dementia, we serve many disabled adults including those with Parkinson's and traumatic brain injuries. Over the past 5 years, up until the COVID-19 pandemic, our program was providing daytime caregiving for about 25 clients each month and providing critical respite care for 50-75 caregivers each month. Through our Care Van program, we even provide convenient rides to and from our Day Care program. Volunteers assist with activities and socialization in our program.

Because of the generous grants from FRHD, we have been able to offer scholarships for qualifying low-income District seniors and disabled adults, averaging more than 27 days per month of scholarship day care and respite for low-income District residents. That is approximately \$28,200 of annual care that these residents directly receive through FRHD funding.

## **Agency Collaborations**

Our agency has established working relationships with many community and public offices. Our formal and informal partners include Fallbrook Regional Health District (COVID testing, vaccination and other health-related events), San Diego County Sheriff's Office - You Are Not Alone (YANA), North County Fire Protection District, Adult Protective Services, Gary and Mary West PACE, North County Parkinson's Support Group, Fallbrook Food Pantry, Meals on Wheels, In Home Support Services, Traveler's Aide San Diego, Fallbrook Senior Center, Elder Law & Advocacy, San Diego County Aging and Independent Services, Age Well San Diego, Veteran's Administration, area hospitals and skilled nursing facilities, many hospice agencies, most local area in-home caregiving agencies, independent and assisted living residential communities, and other medical offices and clinics. Additionally, our "Club" clients are often supported through other nonprofit partners such as the Fallbrook Food Pantry, REINS, and many of our community ancillary healthcare providers (physical therapy, urgent care centers), all of whom we regularly service with Care Van rides for clients.

Recently, we have also become Community Support Partners with Aetna and Health Net to provide housing support (through our Advocacy program) in 2022, with Day Program/Respite services partnership expected to start in 2023.

Although we have not yet seen new attendees from this partnership, we have collaborated with the North County Parkinson’s Support Group, now offering a few days of respite scholarship for Parkinson’s caregivers.

### Target Population - Age

	Percent of program participants
Children (infants to 12)	
Young Adults (13-17)	
Adults (18-60)	4
Seniors (60+)	96
We do not collect this data (indicate with 100%)*	

### Gender

	Percent of program participants
Female	55
Male	45
Non-binary	
Unknown*	

### Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	6
Very Low (50%) Income Limits, ceiling of \$53,500	6
Low (80%) Income Limits, ceiling of \$85,600	40
Higher Than Listed Limits	48
We do not collect this data (indicate with 100%)*	

### \*Target Population - Income Level

Income categories are estimates. We do not gather income data for all of our clients, just for those who apply for scholarships. However, a qualitative review of our clients’ needs includes a high number of Medi-Cal and other low-income support programs. Hence, our target population breakdowns are estimates based on our assessment that over half of our agency's clients fall into HUD low to extremely low-income brackets.

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

# Social Determinants of Health (SDOH)

## Program/Services Description - Social Determinants of Health

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

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

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

## Program/Services Description - FRHD Community Needs Assessment

Mental Health (Social Support - Youth or Families)

Health (Mobility)

Health (Age Related Deficits)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

## Statement of Need/Problem

According to the American Association of Retired Persons (AARP), 87% of people age 65+ reported the desire to remain in their current homes and communities. But when healthcare needs become more complex, and seniors need assistance with the activities of daily living, there are few affordable options. The costs associated with caring for a loved one with dementia include increased medical care costs, decreased family income, and increased emergency medical care utilization for both patients and their caregivers.

Consider the health, economic, and social impact of dementia alone. Nearly 100,000 San Diego County residents have been diagnosed with Alzheimer's or another form of dementia – it is now the third leading cause of death in our County. Safe and trustworthy day programs that provide socialization and daily caregiving is critical. The negative impact of social isolation on people in good health has proven considerable - the impact on those with dementia or other serious illnesses has been devastating. And for those who are caring for them (nearly 250,000 County residents), such temporary respite for their own health and wellbeing is vital. According to the 2019 Alzheimer's Disease Facts and Figures report, "Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.... Fifty-nine percent of family caregivers of people with Alzheimer's or other dementias rated the emotional stress of caregiving as high or very high".

According to caregiver.org, more than 1 in 6 Americans who are providing caregiving must also work. In our Day Program, more than half our clients' caregivers are also working but able to keep their loved one at home, with our help during the day. The respite our program provides for caregivers is desperately needed.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5738994/#B2>

<https://www.alzsd.org/resources/facts-stats/>

<https://www.alz.org/media/documents/alzheimers-facts-and-figures-2019-r.pdf>

## Statement of Need/Problem - Others

Adult Day Programs are uniquely suited to provide daytime care at an affordable rate. Unfortunately, there are very few such programs. We are one of two in North San Diego County, the only one north of Encinitas. While there are similar programs in Riverside and Hemet, there are no other similar

programs in the Temecula/Murrieta areas. We have families seeking our services from Menifee, Oceanside, and Escondido.

For \$85 a day, our Adult Day program provides for all the Activities of Daily Living (ADLs) from 9am – 4pm weekdays, so that informal caregivers can tend to other demands. In-home care costs \$27 - \$38 per hour, and Seniors Centers do not provide caregiving. Our program provides the social interactions and active engagement that cannot be matched by in-home care. Additionally, through the FRHD grant, we are able to offer scholarships for 1-4 days a week for low-income residents.

### **Program/Services Description - Program Entry**

Doctor's offices, Senior Centers, and other community agencies tell their clients about our program. We also conduct regular marketing and advertising. Most often, a family member will inquire about our program when they are exhausted and need the mental and physical break from caregiving.

As part of our intake process, we conduct an informal written assessment of the client and their caregiver(s) to determine if the level of care and behavioral conduct is a good fit for our program. Formal intake paperwork is then completed, including a physician's report. We offer the first day free, as an opportunity for us to further assess the client's needs and for the clients and their caregivers to see whether we meet their needs. After the first day, the client is then enrolled and scheduled, as often as desired. While our services do not require income verification, our records indicate that at least half of those we serve are low-income.

Our Day Care Administrator and staff keep the informal caregivers informed each day, providing updates on engagement, nutrition, movement, toileting, and other factors. Our Administrator often meets with family members to informally discuss caregiving or their own needs. Annually, we complete an Appraisal Needs and Services Plan for each client to determine the goals, changes in caregiving needs, and changes in health. We also conduct surveys regularly for new clients and semi-annually for all clients and caregivers to assess impact.

### **Program/Services Description - Program Activities**

Our Adult Day Program prevents isolation, depression, and undue cognitive and physical decline among seniors and disabled adults, as well as their informal caregivers (family, friends, neighbors). We provide a supportive, professionally staffed environment which attends to nutritional, daily living, and social needs of our clients within a group setting during the day, allowing them to continue to live at home rather than being institutionalized or paying high-cost home care.

Social engagement is one of the primary reasons that families bring their loved ones to our program. We have seen, time and time again, how the social interactions at "The Club" engage and elevate dementia client's interactions. Many times, we have seen non-verbal clients begin to sing along or start to talk again during an activity. Recently, we had a long-time non-verbal client who began to speak in her native tongue after one of our Caregivers spoke to her in a Chinese dialect. Through music and songs, games, physical exercise, arts and crafts, and other activities, clients' minds and bodies are nourished and engaged.

Our program helps seniors living with complex health issues by promoting general health and wellness. For those clients living with dementia or cognitive disabilities, our program supports their well-being by providing a safe and caring environment for them, with staff who know how to effectively handle their needs. We provide nourishing snacks twice daily, physical assistance in transitioning from sitting to standing, toileting assistance, medication distribution, and other health and wellness support. We encourage physical movement daily, through tai-chi stretching, chair yoga, ball tosses, walks in our

garden, and other physical exercises. Fifty-eight percent of our clients' caregivers reported that their loved one's life has stabilized or improved since they began attending The Club.

Equally as important, the respite our program allows for informal caregivers makes a significant impact in their health and wellness. The Alzheimer's Association reports that "Nearly 60 percent of Alzheimer's and dementia caregivers rate the emotional stress of caregiving as high or very high; about 40 percent suffer from depression." (Approximately 80-90% of our program attendees have a diagnosis of some form of dementia.) The phrase that we hear from nearly every family member who expressed an interest in our facility is, "I'm exhausted and need to find a better way to handle this." In our own recent client survey, 86% of our client caregivers stated that our program helps reduce the stress of caregiving, and 72% said that they sleep better at night when their loved one attends our program. We support informal caregivers by giving them tips that we successfully use to overcome a challenge with some behavior. We provide information regarding County or other local classes that might be pertinent to their healthcare needs or expressed interests. Our Senior Care Advocates also help our Club clients' families to overcome a variety of challenges and needs. In the coming weeks, we are seeking to begin a Dementia Support Group and other health-related classes relevant to caregivers and seniors.

### **Program Goal #1**

Grow our Adult Day Program by 20% over last year, to address the specific physical and mental needs of cognitively or physically impaired seniors and disabled adults through socialization and enrichment activities, exercise, and addressing the activities of daily living. Provide scholarship opportunities for low-income district residents who could not otherwise afford the Day Care Program. Provide caregiving relief, support, and educational opportunities for our clients' informal caregivers.

### **Program Objectives - Goal #1**

Objective 1: During the FRHD grant period, provide 2,500 total days of day care for seniors and disabled persons, including those who have a diagnosis of Alzheimer's, dementia, or related diseases, or are otherwise cognitively or physically impaired.

Objective 2: During the FRHD grant period, provide at least 360 days of day care scholarships for low-income district residents.

Objective 3: During the FRHD grant period, provide at least 4 educational and/or supportive services that will help informal caregivers in a manner that aims to address their expressed emotional, social, or physical health needs.

Objective 4: During the FRHD grant period, provide support through our Care Advocates for at least 10 of our client's informal caregivers.

### **Program Outcomes/Measurables - Goal & Objectives #1**

- 1) Track the number of day care days provided and the number of clients attending
- 2) Track the number of scholarship days provided and the number of scholarship clients attending
- 3) Measure the number of educational and/or support services we make available and the attendance at the events or support sessions
- 4) Measure the number of Day Care clients' families that have received some form of documented

support from our Care Advocates team

## Anticipated Acknowledgment

### Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

### Anticipated Acknowledgment

- The FRHD logo will be affixed to the sides of our Care Vans.
- We will include the FRHD logo and official sponsor designation in company-wide emails
- Our organization brochure will feature the FRHD logo and official sponsor language
- FRHD logo and sponsor status will appear on our website and in promotional event emails
- FRHD logo and support will be highlighted at our annual fundraiser
- We will promote District events every month via the following social media platforms: Facebook, Instagram.
- Our staff email signature lines will include the FRHD logo and grant supporter statement

Grantor	Program/Project	Amount Requested
<b><i>SUBMITTED 202</i></b>		
Angel Society	Day Program/Plumbing repair and flooring	\$ 10,000.00
Legacy - Elizabeth Wilson Grant	Day Program	\$ 8,000.00
The San Diego Foundation	Age Friendly Communities 2021 for all 4 programs (combined): Advocacy Door Through Door Transportation Adult Day Program	\$ 30,000.00



Amount Awarded	Date Submitted	Status	Month/Year of Funding
<b>21</b>			
\$ 8,000.00	10/19/21	Approved	Nov-21
\$ 8,000.00	07/29/21	Approved	Nov-21
\$ -	8.12.21	Declined	Oct-21



## Board of Directors 2021

Officers	
<p><b>Roger Shaver</b> <i>President</i></p> <p><i>rshaver@email.com</i></p>	<ul style="list-style-type: none"> <li>○ Pharmacist - U S Navy (Retired)</li> <li>○ Past Pharmacy Director Menifee Valley Medical Center</li> <li>○ Past Pharmacy Director Fallbrook Hospital</li> <li>○ Life Member Military Officers Association of America</li> <li>○ Life Member Veterans of Foreign Wars</li> <li>○ Life Member and Past Commander Disabled American Veterans Chapter 95 Oceanside CA</li> <li>○ Sea West Federal Credit Union (formerly on Board of Directors)</li> <li>○ Menifee Valley Medical Center Foundation (formerly on Board of Directors)</li> </ul>
<p><b>Mike McReynolds</b> <i>Past President</i></p> <p><i>mikem@mbarccarports.com</i></p>	<ul style="list-style-type: none"> <li>○ Founder of M Bar C Carports, Inc.</li> <li>○ Served on the Board of Public Office, Vista Fire Protection District</li> <li>○ Fraternal-Past Master, Culver City-Foshay Masonic Lodge #467</li> <li>○ Youth Leadership- Honorary American Degree, National Future Farmers of America</li> </ul>
<p><b>Mark Haskell</b> <i>1st Vice President</i></p> <p><i>haskclan@roadrunner.com</i></p>	<ul style="list-style-type: none"> <li>○ Member of Christ the King Lutheran Church</li> <li>○ Served as an Officer/ Member of Orange County Fire Marshal, Metro Cities Fire Dispatch, Central Net Operations Authority</li> </ul>
<p><b>Carlos Perez</b> <i>2<sup>nd</sup> Vice President</i></p> <p><i>carlosperez@AQhomecare.com</i></p>	<ul style="list-style-type: none"> <li>○ Owner/Operator, Affordable &amp; Quality Home Care</li> </ul>



<p><b>Barbara Creech</b> <i>Secretary</i></p> <p><i>Bjcreech03@gmail.com</i></p>	<ul style="list-style-type: none"><li>○ Operations Director (Retired)</li></ul>
<p><b>Herb Baker</b> <i>Treasurer</i></p> <p><i>herb@herbbaker.com</i></p>	<ul style="list-style-type: none"><li>○ Operations and Controller (Retired)</li><li>○ Served on the Board of University of San Diego, College for Men</li><li>○ Fallbrook Rotary Club</li><li>○ Eucharistic Minister, San Rafael's Catholic Church</li></ul>



<b>Other Board Members</b>	
<b>Cecilia Brown</b>  <i>Cmbrownplus@yahoo.com</i>	<ul style="list-style-type: none"> <li>○ Medicare Broker</li> </ul>
<b>Sarah Eckhardt</b>  <i>Nordicprincess74@yahoo.com</i>	<ul style="list-style-type: none"> <li>○ Licensed Vocational Nurse</li> <li>○ Owner/Operator, Angels Among Us, Vista CA</li> </ul>
<b>Gail Jones</b>  <i>gjonesjag@gmail.com</i>	<ul style="list-style-type: none"> <li>○ Owner of Alvarado Veterinary Hospital in Fallbrook.</li> <li>○ Member of Fallbrook Rotary Club</li> <li>○ Treasurer of St. John's Episcopal Church</li> </ul>
<b>Robert Pace</b>  <i>Espirit1@roadrunner.com</i>	<ul style="list-style-type: none"> <li>○ MD, Orthopedic Surgeon (Retired)</li> </ul>
<b>Lougene Williams</b>  <i>lougenewilliams@sbcglobal.net</i>	<ul style="list-style-type: none"> <li>○ Senior Manufacturing Executive (Retired)</li> <li>○ Served on Personnel Committee at church</li> <li>○ SCORE Volunteer</li> </ul>

# Return of Organization Exempt From Income Tax

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

## 2020

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning , <b>2020</b> , and ending , <b>20</b>															
<b>B</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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>C</b> <b>Fallbrook Healthcare Foundation Inc.</b> PO Box 2155 Fallbrook, CA 92088</td> <td style="width: 30%;"><b>D</b> Employer identification number 95-3389263</td> </tr> <tr> <td><b>F</b> Name and address of principal officer: Same As C Above</td> <td><b>E</b> Telephone number 760-723-7570</td> </tr> <tr> <td><b>I</b> 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</td> <td><b>G</b> Gross receipts \$ 2,028,672.</td> </tr> <tr> <td><b>J</b> Website: ▶ <a href="https://foundationforseniorcare.org/">https://foundationforseniorcare.org/</a></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td><b>L</b> Year of formation:</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td><b>M</b> State of legal domicile: CA</td> <td></td> </tr> </table>	<b>C</b> <b>Fallbrook Healthcare Foundation Inc.</b> PO Box 2155 Fallbrook, CA 92088	<b>D</b> Employer identification number 95-3389263	<b>F</b> Name and address of principal officer: Same As C Above	<b>E</b> Telephone number 760-723-7570	<b>I</b> 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	<b>G</b> Gross receipts \$ 2,028,672.	<b>J</b> Website: ▶ <a href="https://foundationforseniorcare.org/">https://foundationforseniorcare.org/</a>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>L</b> Year of formation:	<b>H(c)</b> Group exemption number ▶	<b>M</b> State of legal domicile: CA	
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Part I Summary				
<b>Activities &amp; Governance</b>	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>		
	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) .....	<b>3</b>	13
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	13
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	17
	6	Total number of volunteers (estimate if necessary) .....	<b>6</b>	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g) .....	312,934.	1,047,980.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	80,384.	87,369.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	8,846.	8,077.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	97,105.	41,713.
			499,269.	1,185,139.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	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) .....	292,394.	627,241.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 164,810.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	156,809.	378,187.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	449,203.	1,005,428.	
19	Revenue less expenses. Subtract line 18 from line 12 .....	50,066.	179,711.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21	Total liabilities (Part X, line 26) .....	1,067,578.	1,302,241.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	52,334.	60,574.
			1,015,244.	1,241,667.

### 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.

<b>Sign Here</b>	Signature of officer	Date			
	▶ <u>Roger Shaver</u> Type or print name and title	President			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	▶ <u>Phillip Howerzyl, CPA, CGMA</u>	▶ <u>Phillip Howerzyl, CPA, CGMA</u>			P01363785
	Firm's name	▶ <u>VanderSpek Howerzyl, CPAs</u>			Firm's EIN ▶ <u>95-2770263</u>
	Firm's address	▶ <u>350 West Fifth Ave., Suite 300</u> <u>Escondido, CA 92025</u>			Phone no. <u>(760) 741-2659</u>

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 \$ 314,850. including grants of \$ 217,892.) (Revenue \$ 408,895.)

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

4b (Code: ) (Expenses \$ 235,124. including grants of \$ 216,660.) (Revenue \$ 170,721.)

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 549,974.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11 a</b> X	
<b>b</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> .....	<b>11 b</b>	X
<b>c</b> 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> .....	<b>11 c</b>	X
<b>d</b> 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> .....	<b>11 d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	<b>11 e</b> X	
<b>f</b> 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> .....	<b>11 f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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. ....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....	<b>20a</b>	X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1 c</b> 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
<b>2a</b>	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. . . . . <b>2a</b> 17		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>		X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>		
<b>4a</b>	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)? . . . . . <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	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? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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. . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	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? . . . . . <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 13 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>1 b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1 b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	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>7 b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .		X
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .		X
<b>9</b>	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
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</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? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .	X	
<b>15 b</b>	b Other officers or key employees of the organization. . . . . If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>16 a</b>	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>16 b</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**

**1 a** 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 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 and/or Box 7 of Form 1099-MISC) 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Karen A Geuy Interim Executive Director	40 0				X		77,251.	0.	0.	
(2) Keith Birkfield Executive Director	40 0				X		48,224.	0.	0.	
(3) Barbara Creech Director	1 0	X					0.	0.	0.	
(4) Jerry Kalman 2nd Vice Pres	1 0	X		X			0.	0.	0.	
(5) Roger Shaver President	2 0	X		X			0.	0.	0.	
(6) Carlos Perez Director	2 0	X					0.	0.	0.	
(7) Mike McReynolds Past President	2 0	X		X			0.	0.	0.	
(8) Cecilia Brown Director	2 0	X					0.	0.	0.	
(9) Laurene Soper Director	1 0	X					0.	0.	0.	
(10) Robert Pace Director	2 0	X		X			0.	0.	0.	
(11) Herb Baker Treasurer	1 0	X		X			0.	0.	0.	
(12) Laura Holck Director	1 0	X					0.	0.	0.	
(13) Mark Haskell Secretary	1 0	X		X			0.	0.	0.	
(14) Gail Jones Director	1 0	X					0.	0.	0.	

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Lougene Williams Director	1 0	X					0.	0.	0.	
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Subtotal</b>							125,475.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							125,475.	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 <b>former</b> 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b> 6,200.				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 1,041,780.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1 g</b>				
	<b>h Total.</b> Add lines 1a-1f		1,047,980.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>Service fees</u>	<b>Business Code</b>	87,369.	87,369.	
		<b>b</b> _____				
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			87,369.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		9,802.	9,802.		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	<b>6 a</b>	(i) Real			
		<b>b</b> Less: rental expenses	<b>6 b</b>	(ii) Personal		
		<b>c</b> Rental income or (loss)	<b>6 c</b>			
		<b>d</b> Net rental income or (loss)				
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7 a</b>	(i) Securities	841,808.		
		<b>b</b> Less: cost or other basis and sales expenses	<b>7 b</b>	(ii) Other		
		<b>c</b> Gain or (loss)	<b>7 c</b>			
		<b>d</b> Net gain or (loss)			-1,725.	-1,725.
	<b>8 a</b> Gross income from fundraising events (not including \$ 6,200. of contributions reported on line 1c). See Part IV, line 18	<b>8 a</b>		41,713.		
		<b>b</b> Less: direct expenses	<b>8 b</b>			
		<b>c</b> Net income or (loss) from fundraising events			41,713.	41,713.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9 a</b>				
<b>b</b> Less: direct expenses		<b>9 b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10 a</b>					
	<b>b</b> Less: cost of goods sold	<b>10 b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
	<b>12 Total revenue.</b> See instructions			1,185,139.	95,446.	0.

**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.

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	125,475.	71,521.	38,897.	15,057.
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	436,247.	246,282.	144,214.	45,751.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,717.	7,669.	5,513.	1,535.
10 Payroll taxes	50,802.	29,745.	16,073.	4,984.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,869.	10,149.	3,220.	500.
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.)	24,282.	7,824.	2,918.	13,540.
12 Advertising and promotion	24,472.	3,880.	2,777.	17,815.
13 Office expenses	8,088.	2,971.	4,440.	677.
14 Information technology				
15 Royalties				
16 Occupancy	18,252.	6,790.	11,016.	446.
17 Travel	16,545.	16,349.	196.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,169.		4,169.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,301.		47,301.	
23 Insurance	9,919.	7,823.	2,096.	
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>Events &amp; programs</u>	161,524.	110,321.	-384.	51,587.
b <u>Utilities</u>	16,139.	11,065.	3,775.	1,299.
c <u>Printing and Publications</u>	9,854.	6,313.	1,550.	1,991.
d <u>Bank / credit card fees</u>	6,909.	4,104.	229.	2,576.
e All other expenses	16,864.	7,168.	2,644.	7,052.
25 Total functional expenses. Add lines 1 through 24e	1,005,428.	549,974.	290,644.	164,810.
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
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	76,067.	<b>1</b>	122,837.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	1,200.	<b>9</b>	20,446.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 850,570.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 412,567.	485,304.	<b>10c</b> 438,003.
	<b>11</b> Investments – publicly traded securities	505,007.	<b>11</b>	720,955.
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33).	1,067,578.	<b>16</b>	1,302,241.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	22,994.	<b>17</b>	28,704.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	29,340.	<b>25</b>	31,870.
	<b>26 Total liabilities.</b> Add lines 17 through 25.	52,334.	<b>26</b>	60,574.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	933,241.	<b>27</b>	1,167,164.
	<b>28</b> Net assets with donor restrictions	82,003.	<b>28</b>	74,503.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	1,015,244.	<b>32</b>	1,241,667.
<b>33</b> Total liabilities and net assets/fund balances	1,067,578.	<b>33</b>	1,302,241.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,185,139.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,005,428.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	179,711.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,015,244.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	46,712.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,241,667.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2 c</b>	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.		X
<b>3 a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3 b</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		



**Fallbrook Healthcare Foundation, Inc.**  
**dba Foundation for Senior Care**  
Statement of Financial Position  
December 31, 2020

Assets

Current Assets

Cash and cash equivalents	\$ 122,837
Investments	720,955
Prepaid expenses	20,446
Total current assets	864,238

Property and equipment, net	438,003
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Total Assets	\$ 1,302,241
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Liabilities and Net Assets

Current Liabilities

Accounts Payable and Accrued Expenses	\$ 1,885
Payroll liabilities	26,819
Current portion of notes payable	17,679
Total Current Liabilities	46,383

Other Liabilities

Notes payable, net of current portion	15,142
Discount on non interest bearing notes	(951)
Total Liabilities	60,574

Net Assets

Net Assets, without donor restrictions	1,167,164
Net Assets, with donor restrictions	74,503
Total Net Assets	1,241,667

Total Liabilities and Net Assets	\$ 1,302,241
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See Notes to Financial Statements

**Fallbrook Healthcare Foundation, Inc.**  
**dba Foundation for Senior Care**  
Statement of Activities  
For the Year Ended December 31, 2020

	Without Donor Restriction	With Donor Restriction	Total Dec. 31, 2020
Support and revenues			
Donations - public support	\$ 454,130	\$ -	\$ 454,130
Fees	87,369		87,369
Fundraising	47,913		47,913
Grants	587,650		587,650
Net investment income	54,789		54,789
Total support and revenues	<u>1,231,851</u>	<u>-</u>	<u>1,231,851</u>
Net assets released from restrictions			
Satisfaction of donor restrictions	<u>7,500</u>	<u>(7,500)</u>	
Expenses			
Programs	549,974		549,974
Fundraising	165,006		165,006
General and administrative	290,448		290,448
Total expenses	<u>1,005,428</u>	<u>-</u>	<u>1,005,428</u>
Change in net assets	233,923	(7,500)	226,423
Net assets, beginning	933,241	82,003	1,015,244
Net assets, ending	<u>\$ 1,167,164</u>	<u>\$ 74,503</u>	<u>\$ 1,241,667</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, 2020

	Program	Fundraising	General Admin	Totals
Advertising	\$ 3,880	\$ 17,815	\$ 2,777	\$ 24,472
Bank charges	4,104	2,576	229	6,909
Depreciation & amortization			47,301	47,301
Dues and subscriptions		5,333	188	5,521
Events/activities	110,321	51,587	(384)	161,524
Insurance	7,823		2,096	9,919
Interest expense			4,169	4,169
Licenses	4,420		389	4,809
Office expense & supplies	2,971	677	4,440	8,088
Outside Services	7,824	13,540	2,918	24,282
Professional fees	10,149	500	3,220	13,869
Publicity	6,313	1,991	1,550	9,854
Postage	556	749	594	1,899
Employee expenses	355,217	67,327	204,697	627,241
Repairs & maintenance	6,790	446	11,016	18,252
Taxes	75	36	41	152
Telephone	2,117	934	1,432	4,483
Travel & transport	16,349	196		16,545
Utilities	11,065	1,299	3,775	16,139
Totals for 2020	<u>\$ 549,974</u>	<u>\$ 165,006</u>	<u>\$ 290,448</u>	<u>\$ 1,005,428</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, 2020

Cash flows from operating activities:	
Change in net assets	\$ 226,423
Adjustments to reconcile changes in net assets to net cash used in operating activities	
Depreciation & amortization	47,301
Unrealized gain on investments	(46,716)
Increase in prepaid	(19,246)
Increase in accounts payable	1,008
Increase in payroll liabilities	23,123
Decrease accrued discount on non interest bearing notes	(1,266)
Net cash provided by operations	<u>230,627</u>
Cash flows from investing activities:	
Sale of investments	773,779
Purchase of investments	(940,479)
Net cash used by investing activities	<u>(166,700)</u>
Cash flows from financing activities:	
Proceeds from loans	
Payments on loans	(17,157)
Net cash used for financing activities	<u>(17,157)</u>
Net increase/(decrease) in cash	46,770
Cash balance at beginning of year	<u>76,067</u>
Cash balance at end of year	<u><u>\$ 122,837</u></u>
Interest expense	<u><u>\$ 4,169</u></u>

See Notes to Financial Statements