

Organization Information

Legal Name

Fallbrook Healthcare Foundation, Inc.

DBA (if Applicable)

Foundation for Senior Care

Program Name/Title

Door Through Door Hospital to Home (Without Going Back)

Brief Program Description

The Door Through Door program provides critical support to hospitalized seniors, helping to ensure appropriate care and resources are available post-discharge, enabling the greatest opportunity for a full, safe recovery.

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

Established Program

Program Information - Type

Ongoing

Requested Amount

11000

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 care 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.

Organization's Vision Statement

Our vision is to be the go-to resource for seniors and the adults with disabilities in the communities we serve, acting as a trusted partner for seniors and disabled adults, promoting health through advocacy and education, providing help and reliable referrals, and overcoming obstacles, so that seniors and the disabled have what they need to age safely age in place with access to healthcare, a safe environment, food and housing security, 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 with an increased life span and independence.

Agency Capability

Our 501(c)3 agency was established in 1979, and most of the programs we operate today have been successfully serving seniors in this community since the early 2000s. In 2022, we provided direct services to nearly 1,000 clients through at least one of our interrelated programs.

Our Door through Door program is our newest program, introduced in 2016, initially as a pilot program with Tri-City Hospital. This program integrates two of our existing services into one comprehensive system of providing both transportation and case management services to seniors and disabled adults

who are classified as high risk for falls and hospital readmission. It is designed to keep patients from returning home to an environment where there is little to no support. Since 2018, our collaboration with North County Fire enabled our Door Through Door Coordinator to respond much more quickly to a hospitalized senior. Improvements in both agencies' processes in 2022 have resulted in a much quicker turnaround for us to receive those NCF referrals and act on them.

Since 2017, we have contacted nearly 600 seniors and disabled adults through this program and have worked closely with area hospital and Skilled Nursing Facility (SNF) Discharge Planners and family members to ensure that, prior to hospital or SNF discharge, the appropriate care needs are addressed, reducing the likelihood of falls and readmissions. We engage caring volunteers to help make wellness calls to check in on high-risk, isolated seniors.

Agency Collaborations

Fallbrook Food Pantry and Fallbrook Senior Center – after a hospital discharge, assess/coordinate enrollment in food home delivery programs

North County Fire – handle referrals from NCF for any senior or disabled resident who appears in need of support

Interfaith Community Services – work to obtain transitional housing and support case management when discharged client has no home to go to

Temecula Valley Hospital, Palomar Medical Center, Tri-City Hospital, and Fallbrook Skilled Nursing – work directly with Discharge Planners to get updates on the patient's status and plans for discharge, collaborating to secure appropriate transitions based on client needs.

Home Health and Hospice Agencies – work with 10-12 agencies to assist getting appropriate care in place prior to or after a hospital discharge

Independent Caregivers – connect Caregivers with the unique needs of each client

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	5	5
Seniors (60+)	95	95
We do not collect this data (indicate with 100%)*		

Gender

	Percent of program participants
Female	50
Male	50
Non-binary	
Unknown*	

Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	25
Very Low (50%) Income Limits, ceiling of \$53,500	40
Low (80%) Income Limits, ceiling of \$85,600	20
Higher Than Listed Limits	15
We do not collect this data (indicate with 100%)*	

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

100

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

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

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

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

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

Statement of Need/Problem

<https://pubmed.ncbi.nlm.nih.gov/34704507/>

[https://acl.gov/sites/default/files/Aging and Disability in America/2018OlderAmericansProfile.pdf](https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf)

A 2022 study found that “home care services for older adults are being sought too late, after hospital readmission or a rapid decline in health status when family caregivers are already experiencing caregiver burnout.” This is seen all too often locally throughout the FRHD community. Time and again, we have seen or heard about older adults being readmitted on a vicious cycle because of the lack of support services after a hospitalization. All too often, hospitals discharge patients who are too weak to care for themselves at home, and unable or unwilling to reach out for additional help.

The 2018 Older American’s Profile states that “in 2017, 7.6 million people, age 65 and over, stayed in a hospital overnight at least one night during the year. Among this group of older adults, 11% stayed overnight one time, 3% stayed overnight two times, and 2% stayed overnight three or more times. This is approximately double the number of overnight hospital stays for the population ages 45 to 64”.

These statistics show that many older adults end up in a cycle of repeated hospitalizations, often for the same or related reason. Hospital readmissions are a costly healthcare expense that can often be circumvented through proper and timely care at home after discharge.

Through our Door through Door (DTD) program, we provide our clients and their families with trusted education and awareness and serve as a liaison with patients, hospitals, and skilled nursing facilities to ensure the best support and care plan. By intervening early, ideally before a hospital discharge occurs, our DTD Coordinator is able to help support the client and/or family to ensure that physician orders for physical therapy – which may include a discharge to a skilled nursing facility rather than home – or

home health, or food resources are in place immediately after hospital discharge. Our program also ensures that an isolated senior patient without family support has a ride home from the hospital to relieve the added stress of finding a way home. Often hospitals will contract with Uber or Lyft nowadays but we understand that many of these contracts will not allow the drivers to cross county lines to take someone home. Once home, we help to coordinate rides for follow-up doctor appointments or pharmacy stops, encouraging and ensuring appropriate care is in place after a hospitalization.

Statement of Need/Problem - Others

There are no other organizations providing this service. Informed family members who are experienced with healthcare, insurance, and post-hospitalization risks and needs, may be the only alternative to our service. Through our Door Through Door Coordinator's collaboration with local hospitals and SNFs, we are able to proactively plan for and address patient's care needs before it's too late, avoiding hospital readmissions or falls.

Program/Services Description - Program Entry

Most of our Door Through Door (DTD) clients come to us from our partner, North County Fire (NCF). When NCF responds to a 9-1-1 call for a senior in need, they ask the patient if they would like free support through our specific Door Through Door program and have them sign a release. NCF then scans and emails that release to our DTD Coordinator who initiates action to locate the senior (who may or may not still be in the hospital) and begin assistance.

Temecula Valley Hospital (TVH) is also a great partner in this program. When a senior is about to be discharged from TVH, and the hospital knows they're from our service area, they will often call our DTD Coordinator to inform us and will sometimes request our assistance to coordinate some post-hospitalization care. Most often, the hospital will discharge the client to a skilled nursing facility for continued therapy and strength building. But when the patient refuses that path, or the skilled nursing facility is full, the hospital will discharge the patient to their home and contact us to have us check in with the patient and determine if more assistance is needed.

Sometimes a neighbor or family member will contact us to tell us of their concern for a recently hospitalized neighbor/relative.

For complex cases when a client needs a significant amount of support, our DTD Coordinator will typically manage the case for two to three months. After stabilizing the client's needs, the DTD Coordinator may assign the client to a Care Buddy (a volunteer) to make regular weekly check-in calls and report back on their status and needs. For those who need more in-depth help, the follow-up call is transitioned to a Senior Care Advocate until regular support is no longer required.

Program/Services Description - Program Activities

Our DTD service fills a critical gap in care by securing resources, like in-home county support services, upon a patient's hospital discharge. The liaising between the hospital, the patient, and their family builds upon the social capital that can better safeguard against hospital readmission and quicker recovery for our clients. Whenever one of our Advocates has a relationship with a referred senior, the DTD Coordinator has knowledge of, or access to advocate notes regarding the senior's living situation, social, nutritional and environmental needs. Our coordinator ensures that a discharge-to-home can be done safely, helps to arrange appropriate home or alternate care, or safe transition to another care facility. The DTD Coordinator also helps the client and their family navigate the complex healthcare system, educating them about their options, answering questions they might have, and helping with transitional plans. We help them to understand their Medicare benefits and, when appropriate, encourage a skilled nursing facility for care to help them recover and gain strength from an intensive hospital visit.

CMS has recognized an increased demand for the Care Advocate and transportation services from local hospitals and skilled nursing facilities. Our DTD coordinator will work with family members or care givers to retrofit the home, if necessary, to accommodate the use of a walker, wheelchair, or

scooter. They will physically remove or mitigate fall risks. They will ask about medications and help, if needed, to remind them to take their medications or check blood sugar levels. If the client struggles with maintaining their medication regimen, they will recommend a home health program. Depending on the situation, a home visit may take place to guarantee the safety of the home environment before the patient returns home – and often these home visits will trigger calls to our volunteers to help install wheelchair ramps, grab bars, smoke alarms, or other safety equipment. At times, the DTD Coordinator may also provide a ride home from the hospital for a senior who does not have local family support. Once a client is home and stabilized, a DTD Coordinator will follow up with home visits, assist the client with transportation to subsequent health provider visits and establish support for medical equipment and other rehabilitative systems addressing the Healthcare Access and Quality Social Determinants. We use a recent hospital visit as a wakeup call to encourage advance planning, to set up a Vial of Life for emergency responders, to secure medical alert devices to call for emergency assistance if needed, and to think about pet care, insurance, food resources, and other essentials that may be impacted in the event of a hospitalization.

Program Goal #1

The goal of our Door Through Door program is to provide timely and appropriate interventions for referred clients, to improve their safety and access to quality care, and to reduce the likelihood of a hospital readmission and falls.

Program Objectives - Goal #1

1. Connect with at least 115 older adults who are or have recently been hospitalized, to provide resources and support to improve their safety and wellbeing.
2. Actively provide interventions, referrals, and/or education services for at least 70% of referred clients. (Note that some referred clients refuse help, or do not survive the hospital stay.)
3. Through our interventions, 90% of those clients whom we actively engage with will not be readmitted within 30 days due to preventable conditions.
4. Successfully prevent a wrongful or unsafe discharge from a healthcare facility in at least 40% of such identified cases.

Program Outcomes/Measurables - Goal & Objectives #1

1. The number of new and existing Door Through Door clients, as captured by our software program
2. The overall number of activities (emails, faxes, phone calls, referrals, etc.) for all clients, the percent of those clients who had meaningful services provided, and the breakdown of the types of activities as captured by our software program.
3. The number of occurrences of readmissions for DTD clients recorded through follow-up calls.
4. The number of unsafe or wrongful discharge discussions our DTD Coordinators engage in, and the number of those for whom the DTD Coordinator actively facilitated an alternate placement or intervention to be put in place prior to discharge. While this is a subjective measure, it is at the heart of this program, and is one of the key outcomes we aim to achieve – to prevent hospital readmissions that arise due to ill-equipped home support. For purposes of this grant, unsafe or wrongful discharge situations are defined as those discharges that our Door Through Door Coordinator feels, based upon awareness of a client's health status, as well as their home environment and support status, would put our client's health and wellness at risk. For example, a discharge that is delayed a day so that home care can be arranged, an alternate placement to a non-acute care facility rather than to home or a poorly operated facility, are considered situations that prevent an unsafe discharge.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Anticipated Acknowledgment

- The FRHD logo will be affixed to the sides of our Care Vans.
- FRHD logo and sponsor status will appear on our website
- FRHD logo and support will be highlighted at our annual fundraiser
- We will recognize and promote District events via the following social media platforms: Facebook, Instagram

Terms and Conditions

Accepted

Authorized Signature

P. Langford



Board of Directors 2023

<i>Name/Role</i>	<i>Background</i>	<i>Ethnicity</i>	<i>Serving Since</i>
Roger Shaver <i>President</i>	<ul style="list-style-type: none"> ○ Pharmacist - U S Navy (Retired) ○ Past Pharmacy Director Menifee Valley Medical Center ○ Past Pharmacy Director Fallbrook Hospital ○ Life Member Military Officers Association of America ○ Life Member Veterans of Foreign Wars ○ Life Member and Past Commander Disabled American Veterans Chapter 95 Oceanside CA ○ Sea West Federal Credit Union (formerly on Board of Directors) ○ Menifee Valley Medical Center Foundation (formerly on Board of Directors) 	White	2009
Dr. Robert Pace <i>Past President</i>	<ul style="list-style-type: none"> ○ MD, Orthopedic Surgeon (Retired) 	White	2015
Mark Haskell <i>1st Vice President</i>	<ul style="list-style-type: none"> ○ Served as an Officer/ Member of Orange County Fire Marshal, Metro Cities Fire Dispatch, Central Net Operations Authority ○ Member of Christ the King Lutheran Church 	Mixed	2015
Carlos Perez <i>2nd Vice President</i>	<ul style="list-style-type: none"> ○ Owner/Operator, Affordable & Quality Home Care 	Hispanic Non-White	2019
Barbara Creech <i>Secretary</i>	<ul style="list-style-type: none"> ○ Operations Director (Retired), State of Ohio 	White	2019
Herb Baker <i>Treasurer</i>	<ul style="list-style-type: none"> ○ Operations and Controller (Retired) ○ Served on the Board of University of San Diego, College for Men ○ Fallbrook Rotary Club ○ Eucharistic Minister, San Rafael's Catholic Church 	White	2018



Other Board Members			
<i>Name/Role</i>	<i>Background</i>	<i>Ethnicity</i>	<i>Serving Since</i>
Cecilia Brown	<ul style="list-style-type: none"> ○ Independent Medicare Broker 	White	2020
Sarah Eckhardt	<ul style="list-style-type: none"> ○ Licensed Vocational Nurse ○ Owner/Operator, Angels Among Us, Vista CA 	White	2021
Gail Jones	<ul style="list-style-type: none"> ○ Owner of Alvarado Veterinary Hospital in Fallbrook. ○ Member of Fallbrook Rotary Club ○ Treasurer of St. John’s Episcopal Church 	White	2017
Billie Baker	<ul style="list-style-type: none"> ○ Director of Business Development at Living Waters Hospice ○ Director of Development at several other health-related organizations ○ Social Worker 	White	2022
Blayne Chenoweth	<ul style="list-style-type: none"> ○ Owner/Director of ACT Business Group, Inc., a tax, bookkeeping, and payroll company ○ Certified Public Accountant since 1997 ○ Worked in Controller or Accountant positions since 1993 ○ B.A. Degree in Economics, 1988 	White	2023

Fallbrook Healthcare Foundation

Balance Sheet

02/28/23

As of December 31, 2022

Accrual Basis

	<u>Dec 31, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
Charles Schwab-Investments7176	510,892.05
Charles Schwab - Cash Flow1791	20,206.83
Pacific Western Bank - 1122483	53,596.27
PayPal	896.99
Square Holding Account	-277.12
Stripe Holding Account	196.80
Total Checking/Savings	<u>585,511.82</u>
Other Current Assets	
Undeposited Funds	2,490.00
Total Other Current Assets	<u>2,490.00</u>
Total Current Assets	<u>588,001.82</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><u>1,011,969.00</u></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	4,719.82
Total Other Current Liabilities	<u>35,727.58</u>
Total Current Liabilities	<u>35,727.58</u>
Total Liabilities	<u>35,727.58</u>
Equity	
Retained Earnings	1,166,672.25
Unrealized Gain (Loss) on Asset	-58,137.10
Net Income	-132,293.73
Total Equity	<u>976,241.42</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,011,969.00</u></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)

2021

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 **2021** calendar year, or tax year beginning **2021**, 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 \$ 774,897.	
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>		
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	11
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 2021 (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.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,047,980.	618,623.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,369.	101,280.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,077.	42,083.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,185,139.	770,219.
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)	627,241.	600,676.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,710.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	378,187.	208,822.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,005,428.	809,498.
19	Revenue less expenses. Subtract line 18 from line 12	179,711.	-39,279.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,302,241.	1,273,021.
22	Net assets or fund balances. Subtract line 21 from line 20	60,574.	30,932.
		1,241,667.	1,242,089.

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 <i>Roger Shaver</i>	Date NOV 15 20 22
	Type or print name and title Roger Shaver President	

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

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Fallbrook Healthcare Foundation

Profit & Loss

02/28/23

January through December 2022

Accrual Basis

	Jan - Dec 22
Ordinary Income/Expense	
Income	
Adult Day Care Fees	120,225.00
Donations - Unrestricted	77,444.42
Grants	235,004.85
Monthly Giving	23,879.78
Other Income	
Computer Classes	330.75
Other Income - Other	924.29
Total Other Income	1,255.04
Service Donations	44,317.57
Service Fees	4,500.00
Special Events	158,320.31
Sponsorships	3,990.00
Total Income	668,936.97
Gross Profit	668,936.97
Expense	
Accrued Expense	5,198.08
Advertising and Promotion	8,036.85
Automobile Expenses	
Gas and Fuel	18,319.25
Insurance	17,098.80
Licenses and Fees	1,215.00
Mileage Reimbursement	3,497.96
Repairs and Maintenance	4,343.97
Total Automobile Expenses	44,474.98
Bank and Credit Card Fees	4,887.70
Client Events and Activities	
Grocery Deliveries	-1,889.36
Client Events and Activities - Other	1,548.66
Total Client Events and Activities	-340.70
Client Service Monitors	317.76
Computer Hardware	1,033.74
Computer Software	7,891.70
Dues and Subscriptions	4,754.28
Event Expenses	
Fall Gala	22,223.68
Healthy Living Fair	1,833.15
Mayor Campaign 2022	-2,529.28
Total Event Expenses	21,527.55
Insurance Expense	9,556.63
Interest Expense	134.83
Meals and Entertainment	2,700.71
Office Expense	3,051.71
Outside Services and Consulting	
Consulting - Program Specific	5,070.50
Grant Writing	9,335.00
Human Resources	79.17
IT	950.00
Legal and Accounting	9,923.99
Onboarding	655.00
Outside Services and Consulting - Other	6,298.75
Total Outside Services and Consulting	32,312.41

Fallbrook Healthcare Foundation

Profit & Loss

02/28/23

January through December 2022

Accrual Basis

	<u>Jan - Dec 22</u>
Payroll Expenses	
Medical Insurance	38,209.03
Payroll Taxes	50,049.32
Salaries and Wages	548,178.26
Workers Compensation	9,800.00
	<hr/>
Total Payroll Expenses	646,236.61
Postage and Delivery	878.71
Printing and Reproduction	9,832.20
Reconciliation Discrepancies	-1,583.73
Repairs and Maintenance	8,235.64
Taxes, Licenses, and Permits	-8,696.81
Telephone Expense	3,338.97
Training and Development	448.00
Utilities	
Electricity and Gas	986.65
Internet	1,688.98
Security	2,880.00
Waste Collection	475.00
Water	5,173.41
Utilities - Other	-1,927.61
	<hr/>
Total Utilities	9,276.43
Total Expense	<hr/> 813,504.25
Net Ordinary Income	-144,567.28
Other Income/Expense	
Other Income	
Investment Income & (Expense)	
Dividend Income	15,283.14
Interest Income	9.55
Investment Fee Expense	-4,544.61
Long Term Gain (Loss) on Stocks	1,525.47
	<hr/>
Total Investment Income & (Expense)	12,273.55
Total Other Income	<hr/> 12,273.55
Net Other Income	<hr/> 12,273.55
Net Income	<hr/> <hr/> -132,293.73

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.

VanderSpek 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	869,111

Property and equipment, net	404,066
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Total Assets	\$ 1,273,177
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Liabilities and Net Assets

Current Liabilities

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

Net Assets

Net Assets, without donor restrictions	1,239,674
Net Assets, with donor restrictions	-
Total Net Assets	1,239,674

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

FRHD CHC GRANT BUDGET FORM

Agency Name:

Foundation for Senior Care

PROGRAM NAME:

Door Through Door

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	5,860.89	5,860.89	-	-
A2	General Insurance (not program specific)	87.37	87.37	-	-
A3	Accounting & audit expenses	544.50	544.50	-	-
A4	Consultant/Contractor Fees	128.09	128.09	-	-
A5	Physical Assets (Rent, Facility Costs)	131.62	131.62	-	-
A6	Utilities	143.60	143.60	-	-
A7	IT & Internet	417.96	217.96	200.00	-
A8	Marketing & Communications	315.00	315.00	-	-
A9	Office Supplies	79.29	79.29	-	-
A10	Training & Education	15.00	15.00	-	-
A11					
TOTAL INDIRECT EXPENSE		7,723.31	7,523.31	200.00	-
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Door Through Door Coordinator (.42 FTE)	22,770.59	2,870.59	9,500.00	10,400.00
B2	Program Supervisor (.01 FTE)	644.57	144.57	500.00	-
B3					
B4					
B5	Payroll Expenses (WC, taxes)	2,150.80	1,150.80	1,000.00	-
B6	Benefits	566.98	316.98	250.00	-
B7	Other: specify				
TOTAL PERSONNEL EXPENSE		26,132.93	4,482.93	11,250.00	10,400.00
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	804.00	304.00	250.00	250.00
C2	Program/Project Supplies	282.00	82.00	100.00	100.00
C3	Printing/Duplicating	350.00	100.00	150.00	100.00
C4	Travel/Mileage	-	-	-	-
C5	Program Specific Insurance	1,098.00	298.00	800.00	-
C6	Program-Specific Telephone/Software	516.00	116.00	250.00	150.00
C7	Program-Specific Training	-	-	-	-
C8	Program Outreach/Promotions	-	-	-	-
C9	Volunteer Clearances	56.00	56.00	-	-
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		3,106.00	956.00	1,550.00	600.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 36,962.24	30%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM	
E1	APPLYING ORGANIZATION	X 12,962.24
E2	OTHER FUNDERS	Y 13,000.00
E3	REQUESTED FROM FRHD	Z 11,000.00
TOTAL FUNDING SOURCES		\$ 36,962.24

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET
		\$ 954,200.00	\$ 36,962.24	4%

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

Agency Name: Foundation for Senior Care
Program Name: Door Through Door

Total Organization Budget (Current Fiscal Year)	\$ 954,200.00
Total Project Budget (Current Fiscal Year)	\$ 36,962.24

Leave cells blank if they are not applicable to your organization - do not mark with NA.

Organization Sources of Revenue
(Total Organization Budget)

Sources of Funding
(This Project Request)

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
Federal	0					
State	0					
City/County*	100000	10.5%	Yes			
Other Govt.	0					
Proposed FRHD	128000	13.4%	Yes	11000	1.2%	Yes
Fees for Service	155600	16.3%	No			
Grants (non-gov't)	176500	18.5%	Yes	13000	1.4%	Yes
General Donations	170000	17.8%	Yes	2000	0.2%	Yes
Other Internal Organizational Fundraising	200000	21.0%	Yes	10962	1.1%	Yes
Other (list):						
- Partnership Fees	20000	2.1%	No			
- Insurance Claims	2200	0.2%	Yes			
- Sponsorships (Ads)	1500	0.2%	Yes			
- Computer Classes	400	0.0%	Yes			
Total	\$954,200.00	100%		\$36,962.00	4%	

* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

We do not currently receive city/county funding. We had hoped to get SANDAG funding this year, but just received word that we will not. We are still seeking funding at the County level, but cannot yet identify the source.

