



## **Organization Information**

### **Legal Name**

Fallbrook Healthcare Foundation Inc

### **DBA (if Applicable)**

Foundation for Senior Care

## **Organization's Mission Statement**

Enhancing the wellbeing of older adults throughout the aging experience.

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

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

## **Organization's Vision Statement**

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

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

## **Organization History & Accomplishments**

Our 501(c)3 agency was established in 1979, and most of the programs we operate today have been successfully serving seniors in this community since the early 2000s. In 2023, we provided direct services to nearly 1,000 clients through at least one of our interrelated programs.

Introduced in 2016, Door-through-Door is our newest program, 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 have resulted in a much quicker turnaround for us to receive those NCF referrals and act on them.

Since 2017, we have contacted over 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.

**Program Name/Title** Door through Door Program

**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 initiative/service or established program within your organization?** Established Program

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

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

Our program has directly benefited 50 out of 115 projected adults through direct interaction following hospitalization. This intervention has proven effective in preventing readmissions and mitigating unsafe discharges. We identified 11 possible unsafe discharges and through proper support, prevented 11 unsafe discharges. Contributing to a 100% reduction in adverse outcomes among identified individuals.

These statistics underscore the tangible impact of our program, illustrating our ongoing efforts to address the diverse needs of older adults and individuals with disabilities in the Fallbrook Regional Health District.

**If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.**  FRHD Acknowledgements\_2... .pdf

**Funding Amount Being Requested** 10600

**Program Information - Type** Ongoing

**Projected number of residents that will directly benefit (participant/client) from this program.** 100

**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%)*		

### Target Population not collected - Age

NA

### Target Population - Gender

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

### \*Target Population - Gender

NA

### Target Population - 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%)*	

### \*Target Population - Income Level

NA

What language(s) can this program accommodate:

English

Spanish

What demographic group does this program predominately serve:

Older Adults

Special Populations

## Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health

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

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

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

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

### **Social Determinants of Health - Economic Stability**

The DTD program promotes economic stability by reducing healthcare costs through safe transitions, empowering informed decision-making, and leveraging community resources to minimize financial burdens for patients and their families.

### **Social Determinants of Health - Social and Community Context**

The DTD program plays a crucial role in addressing the social determinant of health of Social and Community Context by providing comprehensive support and resources to patients transitioning from hospital to home care. By securing resources like in-home county support services and liaising between the hospital, patients, and their families, the program builds upon social capital, fostering stronger connections within the community and better safeguarding against hospital readmission. The coordinator's knowledge of the patient's living situation, social, nutritional, and environmental needs ensures a safe discharge-to-home process, facilitating appropriate care arrangements and transitions. Additionally, by working with family members or caregivers to retrofit the home for mobility aids and addressing fall risks, the program promotes a safer living environment, enhancing social support and community integration. Through follow-up home visits, assistance with transportation to health provider visits, and support for medical equipment, the program continues to address healthcare access and quality social determinants, ensuring ongoing support and improving overall health outcomes for patients within their social and community context.

### **Social Determinants of Health - Healthcare Access and Quality**

The DTD program enhances healthcare access and quality by facilitating safe transitions from hospital to home care. Through coordination with hospitals and skilled nursing facilities, it ensures patients receive necessary resources and support. Education on healthcare options and Medicare benefits empowers informed decision-making. Addressing living situations and fall risks improves care quality, while follow-up visits and assistance with appointments ensure ongoing access to healthcare services.

### **Social Determinants of Health - Neighborhood and Built Environment**

The DTD program addresses the social determinant of health of Neighborhood and Built Environment by focusing on enhancing the safety and accessibility of patients' home environments. By addressing fall risks, and installing safety equipment like wheelchair ramps and grab bars, the program ensures a safer built environment for patients. By mitigating environmental hazards and promoting accessibility, the program contributes to creating healthier and more supportive neighborhoods. Additionally, by collaborating with local volunteers to install safety equipment, the program fosters community engagement and strengthens social connections within the neighborhood. Overall, the DTD service plays a crucial role in improving the neighborhood and built environment by prioritizing the safety and well-being of patients in their homes.

### **Statement of Need/Problem**

Recent data underscores the critical importance of timely access to home care services for older adults, particularly after hospitalization. Care services are often sought too late, typically after hospital readmission or a rapid decline in health status, leaving family caregivers overwhelmed and burnt out. This pattern persists within communities nationwide, including the FRHD community, where older adults frequently find themselves caught in a cycle of hospital readmissions due to inadequate post-hospitalization support.

Repeated hospital readmissions not only take a toll on the health and wellbeing of older adults but also incur substantial healthcare costs. Hospital readmissions among Medicare beneficiaries alone cost the healthcare system billions annually. Yet, many of these readmissions could be prevented through effective home care interventions following discharge.

Recognizing the urgency of the issue, our DTD aims to provide proactive support and education to clients and their families, bridging the gap between hospitals, skilled nursing facilities, and home care services. Our DTD Coordinator intervenes early, working closely with healthcare professionals to ensure that appropriate care plans are in place before hospital discharge.

Additionally, our program addresses transportation challenges faced by isolated seniors, ensuring they have a safe and reliable means of returning home from the hospital (as well as reliable transportation for follow up appointments and care). While ride-sharing services like Uber and Lyft are sometimes utilized, we understand their limitations, particularly in rural areas. As such, we coordinate transportation directly, easing the burden on patients and their families.

By intervening early and addressing the multifaceted needs of older adults, our DTD program seeks to break the cycle of hospital readmissions, improve health outcomes, and reduce healthcare costs. It is imperative that we prioritize access to quality home care services to support the growing population of older adults and alleviate the strain on caregivers and the healthcare system alike.

### **How are other organizations addressing this need in the community?**

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 & Follow Up**

Most of our Door Through Door clients come to us via a referral from our partner, North County Fire. Whenever 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 DTD program and have them sign a release. NCF then emails that release form to our DTD Coordinator who initiates action to locate the senior and begin assistance.

Temecula Valley Hospital 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 the Fallbrook/Bonsall/Rainbow/De Luz 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 and client needs for two to three months. After stabilizing such a client's needs, the DTD Coordinator may assign the client to a volunteer to make regular weekly calls to check in on them and report back on their status and needs. For some who need other types of 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**

Within the next 12 months, our DTD service aims to reduce hospital readmissions among discharged patients while improving their overall well-being. This will be achieved by providing comprehensive support during the transition from hospital to home care, including the installation of safety equipment, and follow-up home visits. Progress will be measured through monthly tracking of hospital readmission rates and patient satisfaction surveys, ensuring that our program effectively supports patients and enhances their health outcomes.

### **Program Objectives & Measurable Outcomes**

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.

### **Organization 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

## Anticipated Acknowledgment

Please describe how the Fallbrook Regional Health District’s investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

### Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

### Anticipated Acknowledgment

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

## Financial Reporting & Budget

### Funding History

NO

### Terms and Conditions

Accepted

### Authorized Signature





**Foundation for Senior Care**  
Board of Directors

Gail Jones- President

Roger Shaver- Past President

Robert Pace- 1<sup>st</sup> Vice President

Michael McHale- 2<sup>nd</sup> Vice President

Sarah Eckhardt- Secretary

Jennifer Strutz- Treasurer

Candis Schoenheit- Director

Carolos Perez- Director

Jennifer Afalava- Director



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

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

Table of Contents

	Page
Independent Auditor's Report	1
Statement of Financial Position	3
Statement of Activities	4
Statement of Functional Expenses	5
Statement of Cash Flow	6
Notes to the Financial Statements	7



## 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
-----------------------------	---------

Total Assets	\$ 1,273,177
--------------	--------------

Liabilities and Net Assets

Current Liabilities

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

See Notes to Financial Statements

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

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

See Notes to Financial Statements

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

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

See Notes to Financial Statements

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

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

See Notes to Financial Statements



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

**Note 1 - Summary of significant accounting policies**

**Nature of Activities**

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

**Basis of Accounting**

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

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

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

**Use of Estimates**

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

**Endowment Fund**

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

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

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

**Revenue and Support**

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

**Cash and Cash Equivalents**

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

**Property and Equipment**

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

**Advertising Costs**

The Foundation expenses the costs of advertising as they are incurred. Advertising expenses incurred during for the year ended December 31, 2021 was \$14,739.

**Functional Allocation of Expenses**

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

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

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

**Fair values of Financial Instruments**

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

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

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

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

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

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

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

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

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

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

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

**Income Tax Status**

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

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

**Subsequent Events**

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

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

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

**Note 2- Fair value measurement**

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

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

**Note 3 – Property and equipment**

Property and equipment are summarized by major classification as follows:

Building	\$ 115,293
Building improvements	254,617
Land	200,579
Office equipment/furniture	46,891
Vans	234,378
Start up costs	4,639
	<u>856,397</u>
Accumulated depn/amort	<u>(452,331)</u>
Total	<u>\$ 404,066</u>

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

**Note 4 – Notes payable**

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

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

**Note 5 – Risk of uncertainties**

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

**Note 6 – Concentration of risk**

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

Subsequent to the report date the Foundation was notified that one of the major donors would be decreasing the 2022 grants by approximately 35%. This decrease will lower the total income of the Foundation by 12%. The Foundation has worked and submitted additional grant applications to help make up the difference. At this time the board believes it will not affect the current programs.

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

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

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

**Note 7 – Net assets**

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

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

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

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

**Note 8 – SBA Paycheck Protection Program**

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

**Note 9 – Liquidity and availability of financial assets**

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

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

## Fallbrook Healthcare Foundation

## Balance Sheet

02/29/24

As of December 31, 2023

Accrual Basis

	<u>Dec 31, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
Bloomerang Holding Account	-46.13
Charles Schwab-Investments7176	380,226.26
Charles Schwab - Cash Flow1791	19,363.64
Pacific Western Bank - 1122483	57,977.42
PayPal	-639.23
Square Holding Account	862.70
Stripe Holding Account	953.36
<b>Total Checking/Savings</b>	<u>458,698.02</u>
<b>Accounts Receivable</b>	
Accounts Receivable	-700.00
<b>Total Accounts Receivable</b>	<u>-700.00</u>
<b>Other Current Assets</b>	
Undeposited Funds	24,076.10
<b>Total Other Current Assets</b>	<u>24,076.10</u>
<b>Total Current Assets</b>	<u>482,074.12</u>
<b>Fixed Assets</b>	
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
<b>Total Fixed Assets</b>	<u>404,128.55</u>
<b>Other Assets</b>	
Prepaid Expenses	19,838.63
<b>Total Other Assets</b>	<u>19,838.63</u>
<b>TOTAL ASSETS</b>	<b><u>906,041.30</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Other Current Liabilities</b>	
Accrued Expenses	5,198.08
Accrued Payroll	20,703.20
Accrued Vacation	5,106.48
Payroll Liabilities	27,794.14
<b>Total Other Current Liabilities</b>	<u>58,801.90</u>
<b>Total Current Liabilities</b>	<u>58,801.90</u>
<b>Total Liabilities</b>	58,801.90
<b>Equity</b>	
Retained Earnings	1,034,138.52
Unrealized Gain (Loss) on Asset	-54,735.68
Net Income	-132,163.44
<b>Total Equity</b>	<u>847,239.40</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>906,041.30</u></b>



# Return of Organization Exempt From Income Tax

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

# 2022

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** , 2022, and ending , 20

<b>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	<b>C</b> Fallbrook Healthcare Foundation Inc. PO Box 2155 Fallbrook, CA 92088	<b>D</b> Employer identification number 95-3389263	<b>E</b> Telephone number 760-723-7570
<b>F</b> Name and address of principal officer: Same As C Above		<b>G</b> Gross receipts \$ 2,339,788.	
<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>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>J</b> Website: <a href="https://foundationforseniorcare.org/">https://foundationforseniorcare.org/</a>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation:	<b>M</b> State of legal domicile: CA

**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>	10
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	17
	6	Total number of volunteers (estimate if necessary) .....	<b>6</b>	38
	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) .....	618,623.	499,654.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	101,280.	169,043.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	42,083.	-33,861.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	8,233.	123,247.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	770,219.	758,083.
<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) .....	600,676.	634,260.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b	Total fundraising expenses (Part IX, column (D), line 25) .....	116,766.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	208,822.	213,726.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	809,498.	847,986.	
19	Revenue less expenses. Subtract line 18 from line 12 .....	-39,279.	-89,903.	
<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) .....	1,273,021.	980,732.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	30,932.	37,444.
			1,242,089.	943,288.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>Gail Jones</u>	Date	
	Type or print name and title <u>President</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Phillip Howerzyl, CPA,CGMA</u>	Preparer's signature <u>Phillip Howerzyl, CPA,CGMA</u>	Date
	Firm's name <u>VanderSpek Howerzyl, CPAs</u>	Check <input type="checkbox"/> self-employed <input type="checkbox"/> if PTIN	PTIN <u>P01363785</u>
	Firm's address <u>350 West Fifth Ave., Suite 300 Escondido, CA 92025</u>	Firm's EIN <u>95-2770263</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 \$ 325,361. including grants of \$ 44,419.) (Revenue \$ 169,712.)

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

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

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

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

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

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

4e Total program service expenses 543,184.

**Part IV Checklist of Required Schedules**

	Yes	No
<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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 a "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 the 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 line 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 on 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>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
<b>1c</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>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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 11		
<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>7a</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>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>a</b>	The governing body? . . . . .	X	
<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>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>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>11a</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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. See Schedule O . . . . .	X	
<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>a</b>	The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .	X	
<b>b</b>	Other officers or key employees of the organization. . . . .		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</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>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**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patty Sargent Executive Director	40 0				X		76,065.	0.	0.	
(2) Martin Quiroz Vice President	0 0	X					0.	0.	0.	
(3) Sarah Eckhardt Director	2 0	X					0.	0.	0.	
(4) Roger Shaver Past president	2 0	X		X			0.	0.	0.	
(5) Carlos Perez 2nd VP	2 0	X		X			0.	0.	0.	
(6) Billie Baker Secretary	0 0	X					0.	0.	0.	
(7) Candis Schoenheit Director	0 0	X					0.	0.	0.	
(8) Jenni Strutz Director	0 0	X					0.	0.	0.	
(9) Robert Pace Vice President	2 0	X					0.	0.	0.	
(10) Michael McHale Director	1 0	X					0.	0.	0.	
(11) Gail Jones President	1 0	X					0.	0.	0.	
(12)										
(13)										
(14)										

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

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

<b>1b Subtotal</b> .....	76,065.	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> .....	76,065.	0.	0.

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

	Yes	No
3 Did the organization list any <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>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	499,654.			
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>				
	<b>h Total.</b> Add lines 1a-1f .....		499,654.			
	<b>Program Service Revenue</b>	<b>2a</b> <u>Service fees</u> .....		<b>Business Code</b>		
<b>b</b> .....			169,043.	169,043.		
<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 .....			169,043.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		15,617.	15,617.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6a</b> Gross rents .....	<b>6a</b> (i) Real (ii) Personal				
		<b>b</b> Less: rental expenses .....	<b>6b</b>			
		<b>c</b> Rental income or (loss) .....	<b>6c</b>			
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b> (i) Securities (ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,510,004.	7,078.	
		<b>c</b> Gain or (loss) .....	<b>7c</b>	1,552,404.	-7,078.	
		<b>d</b> Net gain or (loss) .....		-42,400.	-49,478.	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	145,470.	22,223.	
		<b>c</b> Net income or (loss) from fundraising events .....		123,247.		123,247.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11a</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 .....		758,083.	135,182.	0.	123,247.

**Part IX Statement of Functional Expenses**

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

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

<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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....				
<b>4</b> Benefits paid to or for members.....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.....	76,065.	11,410.	45,639.	19,016.
<b>6</b> 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.
<b>7</b> Other salaries and wages.....	471,994.	372,974.	54,746.	44,274.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
<b>9</b> Other employee benefits.....	38,646.	7,174.	25,198.	6,274.
<b>10</b> Payroll taxes.....	47,555.	26,333.	17,591.	3,631.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management.....				
<b>b</b> Legal.....				
<b>c</b> Accounting.....	14,329.	4,413.	9,916.	
<b>d</b> Lobbying.....				
<b>e</b> Professional fundraising services. See Part IV, line 17.....				
<b>f</b> Investment management fees.....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....	22,423.	3,218.	8,592.	10,613.
<b>12</b> Advertising and promotion.....	8,037.	6,919.	129.	989.
<b>13</b> Office expenses.....	3,114.	657.	2,355.	102.
<b>14</b> Information technology.....				
<b>15</b> Royalties.....				
<b>16</b> Occupancy.....	17,512.	13,623.	3,721.	168.
<b>17</b> Travel.....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
<b>19</b> Conferences, conventions, and meetings.....				
<b>20</b> Interest.....	135.		135.	
<b>21</b> Payments to affiliates.....				
<b>22</b> Depreciation, depletion, and amortization.....	29,164.	17,498.	11,666.	
<b>23</b> Insurance.....	18,977.	15,279.	3,089.	609.
<b>24</b> 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.).....				
<b>a</b> <u>Auto expense</u> .....	44,904.	44,108.	569.	227.
<b>b</b> <u>Event expenses</u> .....	23,077.	1,501.		21,576.
<b>c</b> <u>Printing and Publications</u> .....	9,832.	8,357.	983.	492.
<b>d</b> <u>Due &amp; memberships</u> .....	4,927.	2,579.	2,273.	75.
<b>e</b> All other expenses.....	17,295.	7,141.	1,434.	8,720.
<b>25</b> Total functional expenses. Add lines 1 through 24e. ....	847,986.	543,184.	188,036.	116,766.
<b>26</b> 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 .....	122,572.	<b>1</b>	76,870.
	<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 .....	20,446.	<b>9</b>	20,218.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 803,360.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 430,608.	403,978.	<b>10c</b> 372,752.
	<b>11</b> Investments – publicly traded securities .....	726,025.	<b>11</b>	510,892.
	<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) .....	1,273,021.	<b>16</b>	980,732.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,931.	<b>17</b>	37,444.
	<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 .....	1.	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	30,932.	<b>26</b>	37,444.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions .....	1,167,586.	<b>27</b>	943,288.
	<b>28</b> Net assets with donor restrictions .....	74,503.	<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<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 .....	1,242,089.	<b>32</b>	943,288.	
<b>33</b> Total liabilities and net assets/fund balances .....	1,273,021.	<b>33</b>	980,732.	

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
<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 on Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>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.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
<b>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		

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

There are five tabs to this file:

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

### 1 Instructions:

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

### 2 Program Budget Form:

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

#### A INDIRECT EXPENSES:

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

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

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

#### C DIRECT PROGRAM EXPENSES:

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

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

### **3 Funding History**

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

### **4 Budget Narrative**

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

### **5 Budget Reporting Form**

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

**FRHD CHC GRANT BUDGET FORM**

Agency Name:	<b>Foundation for Senior Care</b>	PROGRAM NAME:	<b>Door through Door Program</b>
--------------	-----------------------------------	---------------	----------------------------------

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	4,557.03	4,557.03		
A2	General Insurance (not program specific)	366.31	366.31		
A3	Accounting & audit expenses	460.35	460.35		
A4	Consultant/Contractor Fees	181.85	181.85		
A5	Physical Assets (Rent, Facility Costs)	402.30	402.30		
A6	Utilities	248.60	248.60		
A7	IT & Internet	86.98	6.98	80.00	
A8	Marketing & Communications	1,037.25	837.25	200.00	
A9	Office Supplies	75.30	75.30		
A10	Training & Education	25.00	25.00		
A11	Other: specify				
<b>TOTAL INDIRECT EXPENSE</b>		<b>7,440.97</b>	<b>7,160.97</b>	<b>280.00</b>	<b>-</b>

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Door Through Door Coordinator (.75 FTE)	23,390.25	6,390.25	7,000.00	10,000.00
B2	Program Supervisor (.01 FTE)	860.00	60.00	800.00	
B3	Salary (list position)		-		
B4	Salary (list position)		-		
B5	Payroll Expenses (WC, taxes)	4,065.86	3,065.86	1,000.00	
B6	Benefits	530.77	330.77	200.00	
B7	Other: specify				
<b>TOTAL PERSONNEL EXPENSE</b>		<b>28,846.88</b>	<b>9,846.88</b>	<b>9,000.00</b>	<b>10,000.00</b>

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Equipment	1,462.05	962.05	200.00	300.00
C2	Program/Project Supplies	280.00	80.00	100.00	100.00
C3	Printing/Duplicating	350.00	150.00	100.00	100.00
C4	Travel/Mileage		-		
C5	Program Specific Insurance	2,000.00	2,000.00		
C6	Program-Specific Telephone/Software	642.00	442.00	100.00	100.00
C7	Program-Specific Training		-		
C8	Program Outreach/Promotions		-		
C9	Volunteer Clearances	87.00	87.00		
C10					
C11					
C12					
C13					
C14					
C15					
<b>TOTAL OTHER EXPENSES</b>		<b>4,821.05</b>	<b>3,721.05</b>	<b>500.00</b>	<b>600.00</b>

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		<b>\$ 41,108.90</b>	<b>26%</b>

**2) FUNDING SOURCES**

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	<b>X</b>	20,728.90
E2	OTHER FUNDERS	<b>Y</b>	9,780.00
E3	REQUESTED FROM FRHD	<b>Z</b>	10,600.00
<b>TOTAL FUNDING SOURCES</b>			<b>\$ 41,108.90</b>

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

**3) % OF AGENCY BUDGET**

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 874,098.00	\$ 41,108.90	5%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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

Agency Name: **Foundation for Senior Care**

Program Name: **Door through Door Program**

**INSTRUCTIONS:**

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

Funder Name	Date Submitted	Amount Requested	Status



**Agency Name:** **Foundation for Senior Care**

**Program Name:** **Door through Door Program**

**INSTRUCTIONS:**

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

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

#	Name	Narrative:
A1	Administrative Support	Includes 3% of the cost of Administrative personnel expense for overall operations, facilities management, finance and payroll processing, reception, phones, etc.; Also
A2	General Insurance (not program specific)	Includes 5% of Directors & Officers Insurance and General Liability
A3	Accounting & audit expenses	Includes 5% of accounting and audit expense
A4	Consultant/Contractor Fees	Includes 5% of HR & Website Maintenance expenses
A5	Physical Assets (Rent, Facility Costs)	Includes 5% of facility repairs and maintenance
A6	Utilities	Includes 2% of Electric, Gas, Waste, & Water expense
A7	IT & Internet	Includes 5% of all administrative and fundraising software, hardware, internet expense, and security monitoring
A8	Marketing & Communications	Includes 5% of agency general advertising and promotions, and printing and duplication
A9	Office Supplies	Includes 5% of administrative office supplies, postage and delivery
A10	Training & Education	Includes 5% of minimal admin training

**B. PERSONNEL EXPENSES -PROGRAM SPECIFIC**

#	Name	Narrative:
B1	<i>Door Through Door Coordinator (.42 FTE)</i>	referrals and follow-ups; places calls to NCF or neighbor referred seniors, hospitals, and family members; coordinates home visits; intervenes with hospital to ensure smooth and safe discharge, visits patient in hospital when appropriate, helps family or hospital identify
B2	<i>Program Supervisor (.01 FTE)</i>	Includes minimal direct program supervision - Exec Director meets with Door Thru Door Coordinator regularly, working to make processes more efficient, address challenging client situations, meeting with potential or active partners, etc.
B5	Payroll Expenses (WC, taxes)	Standard payroll taxes and workers comp
B6	Benefits	Benefits expense for the above resources

**C. DIRECT PROGRAM EXPENSES**

#	Name	Narrative:
C1	Equipment	Includes 5% vehicle expense (fuel, license fees, maintenance and repairs) - vehicle is used by Door thru Door Coordinator for home visits and hospital visits
C2	Program/Project Supplies	Includes minimal cost for program folders and materials for client files, program postage
C3	Printing/Duplicating	5% of printing and duplicating expense - heavy photocopying of client materials
C4	Travel/Mileage	
C5	Program Specific Insurance	
C6	Program-Specific Telephone/Software	5% of program-related telephone, internet, and software expenses; The Door thru Door Coordinator utilizes a custom-built software program exclusively designed for our program and uses telephone services extensively

**FRHD CHC GRANT BUDGET REPORTING FORM**

 Agency Name: **Foundation for Senior Care** PROGRAM NAME: **Door through Door Program**

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

1)	<b>A</b>	<b>INDIRECT EXPENSES:</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	<b>\$7,440.97</b>	<b>\$0.00</b>				
	<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	<b>\$28,846.88</b>	<b>\$10,000.00</b>				
	<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	<b>\$4,821.05</b>	<b>\$600.00</b>				
	<b>D</b>	<b>TOTALS</b>	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			<b>\$41,108.90</b>	<b>\$0.26</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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

# FRHD Acknowledgements




## Email Signatures




 **Maria Fajardo** • Transportation Coordinator/Bilingual  
Office: 760-723-7570 • Fax: 760-723-0358  
Email: mfajardo@foundationforseniorcare.org  
**FOUNDATION FOR SENIOR CARE** • *Committed to the wellbeing of older adults*  
135 S. Mission Rd., Fallbrook, CA 92028 • www.foundationforseniorcare.org  
Programming supported by **Fallbrook Regional**  
HEALTH DISTRICT




## Communications

**Grantors, Foundations and Endowments**

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

## Care Van Medallions

