



Organization Information

Legal Name

FALLBROOK FOOD PANTRY

DBA (if Applicable)

N/A

Organization's Mission Statement

The Fallbrook Food Pantry (FFP) provides access to healthy and nutritious food for all. Through food distribution, education, and health monitoring, we work to address food insecurity and the social determinants of health by reducing inequities. Our programs empower our clients to become self-sufficient, independent, and productive community members by offering a well-balanced selection of food, nutrition, wellness, and vocational education. Fallbrook Food Pantry (FFP) provides access to healthy and nutritious food for all. Through food distribution, education, and health monitoring, we work to address food insecurity and the social determinants of health by reducing inequities. Our programs empower our clients to become self-sufficient, independent, and productive community members by offering a well-balanced selection of food, nutrition, wellness, and vocational education.

Organization's Vision Statement

We envision a community where the pain and suffering caused by hunger do not exist. We envision a community where those in-need have access to an adequate and nutritious supply of food. We envision a community where those in need have the opportunity to learn and thrive as self-sufficient, independent and productive members of our society through educational daily life-skills, personal and professional development courses.

Organization History & Accomplishments

Fallbrook Mission Project was formed in 1991 as a religious service organization to offer economic assistance, emotional support and spiritual nurturing while promoting client self-esteem and dignity. Its work included providing shelter, food, and clothing and helping with medical needs. In 2005 the pantry moved away from its religious status, became an official 501(c)3 and changed its name to the Fallbrook Food Pantry. With a 30-year history of service to Fallbrook, we are deeply ingrained and involved in the community and have earned the trust of our clients and stakeholders. We focus on building strong personal relationships reflecting the small, rural enclave that makes up the Fallbrook region, and we know all our clients personally. Our semi-isolated community is far from the larger services of the city of San Diego, so our population relies on and trusts FFP to meet the complex needs of our diverse clientele. Annually, serve 50,000 households, supplying over 1.5 million pounds of food. This translates to 5,598 unduplicated individuals each year.

The Pantry has made significant headway in putting healthy food on families' tables since 1991.

But the need became clear to create a more holistic model to affect system change in more profound ways through education. Therefore, thanks to the community's generosity, a successful capital campaign led to the 2019 purchase of a new building and a state-of-the-art Learning Center. We established our first nutrition class in 2021. Since then, FFP education initiatives have grown exponentially from one course that supported less than 100 clients to now offering more than seven courses that support over 400 clients annually, recording more than 6,500 classroom hours of learning during our first year of educational services. We are in a stage of strategic and dynamic growth to expand the program even further in scope and impact.

Program Name/Title

Rooted in Wellness-Nourishment for Life

Brief Program Description

Rooted in Wellness is a comprehensive, evidence-based curriculum tailored for adults and youth, centered around horticulture, ecosystems, and daily life skills. It offers educational opportunities in health and wellness, nutrition, occupational development, and personal growth to communities facing diversity, equity, and inclusion disparities.

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).

NO

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.

By utilizing our educational approaches alongside healthcare monitoring, Rooted in Wellness aims to tackle issues such as food insecurity, socioeconomic, and social determinants of health. The program is designed to mitigate inequities that contribute to the development of diseases in at-risk and disadvantaged communities, including Special Health Districts, Indian Reservations, the homeless, and other special at-risk populations. Through our curriculum, individuals will learn fundamental skills that will provide them with making better-healthier decisions for themselves and those they love. It will provide them with opportunities that will positively impact their physical, mental, emotional, and financial pillars of livelihood. With two years of data collection, we have identified that when an individual is empowered with education about how and what our body and brain needs to function optimally, the outcome is profound! Our clients have acknowledged that what they eat, does have a positive or negative reaction to the way they feel, think, and move throughout their day. They have identified that learning how to eat healthier and with daily movement, their mental health improved drastically. Many have reported they are more alert and less tired. They are happier, motivated and want to embrace a new way of living their lives, and many who have been highly medicated for various health issues, are discovering they need less medication or no longer need any. These findings have been monumental for our community and we believe that with our evidence-based curriculum, Rooted in Wellness can and will be a significant solution to poverty.

Funding Amount Being Requested

75000

Program Information - Type

Ongoing

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

8500

Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	30	2550
Young Adults (13-17)	40	3400
Adults (18-60)	20	1700
Seniors (60+)	10	850
We do not collect this data (indicate with 100%)*		

Target Population not collected - Age

n/a

Target Population - Gender

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

*Target Population - Gender

n/a

Target Population - Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	70
Very Low (50%) Income Limits, ceiling of \$53,500	30
Low (80%) Income Limits, ceiling of \$85,600	
Higher Than Listed Limits	
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

n/a

What language(s) can this program accommodate:

English

Spanish

Tagalog

What demographic group does this program predominately serve:

Youth - school based

Older Adults

Youth - other setting

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)

Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)

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

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

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

Social Determinants of Health - Economic Stability

Our programs are flexible and tailored to accommodate individual's needs who have limited resources or access to healthy foods. Nutrition education addresses economic stability by equipping individuals with the knowledge and skills to make informed food choices, thereby improving their health, productivity, and financial well-being. These changes can help reduce healthcare costs, increase productivity, and promote economic stability both for individuals and our community.

Improving Health Outcomes: Good nutrition is foundational to good health. Reducing the risk of chronic diseases such as obesity, diabetes, heart disease, and some forms of cancer, nutrition education can decrease healthcare costs for individuals and families. Lower healthcare expenses can free up financial resources for other needs.

1. **Enhancing Productivity:** Proper nutrition is linked to improved cognitive function, concentration, and energy levels. This can lead to better academic performance in children and increased productivity in adults.
2. **Reducing Absenteeism:** Nutrition-related health improvements can lead to reduced absenteeism from work or school.
3. **Promoting Self-Sufficiency:** Nutrition education includes components on budgeting for groceries, understanding food labels, and cooking healthy meals. These skills can help individuals and families make more cost-effective food choices without sacrificing nutritional quality.
4. **Long-Term Cost Savings:** Fostering healthier eating habits reduces incidences and severity of chronic diseases, which can lead to long-term savings in healthcare costs. These savings could be redirected towards other social services and programs.
5. **Empowerment and Education:** Empowering individuals with knowledge, our programs also encourage further education and engagement with health and wellness topics. This empowerment leads to better decision-making in their life, including financial decisions.

Social Determinants of Health - Education Access and Quality

1. Education improves an individual's ability to understand health information and make informed decisions about their health care. Higher health literacy is associated with better health outcomes,

including lower rates of chronic diseases, higher life expectancy, and greater engagement in preventive health behaviors.

1.

Economic Benefits

: Educated individuals are more likely to be employed and have higher earning potential. Economic stability, afforded by better job opportunities, allows for access to healthier lifestyles, including better nutrition, safer housing, and health care services, which can lead to improved health outcomes.

2.

Healthier Behaviors

: Education contributes to healthier behaviors by increasing knowledge about the consequences of certain lifestyle choices. Educated individuals are more likely to engage in physical activity, eat nutritious foods, avoid smoking, and limit alcohol consumption. These behaviors can reduce the risk of many chronic conditions, such as obesity, diabetes, cardiovascular diseases, and some cancers.

3.

Social and Psychological Benefits

: Education can enhance an individual's social skills, critical thinking, and self-esteem, contributing to better mental health and resilience. Fostering a sense of control over life circumstances, which is associated with reduced stress and improved mental health outcomes. Educated individuals are more likely to build supportive social networks, which provide emotional support and can help mitigate the effects of stress.

4.

Improved Child Health and Development: Parents' education, particularly maternal education, is a strong predictor of child health outcomes. Educated parents are more likely to access prenatal care, vaccinate their children, and provide nutritious food and stimulating environments for their children's development. This leads to better health in childhood and beyond.

Social Determinants of Health - Social and Community Context

Nutrition education profoundly impacts social and community health by addressing and positively influencing social determinants of health. At its core, it equips individuals and communities with the knowledge and skills needed for making informed food choices, leading to improved health outcomes and contributing to broader social benefits. It reduces the prevalence of chronic diseases such as obesity, diabetes, and heart disease by promoting healthier eating habits. This not only enhances individual quality of life but also decreases the overall healthcare burden on communities, leading to significant economic benefits through reduced healthcare costs and increased productivity.

Nutrition education plays a crucial role in educational outcomes. Children and adolescents with access to nutritious foods and knowledge about healthy eating are more likely to exhibit improved concentration, cognitive function, and academic performance. This educational enhancement is critical for long-term personal and economic success.

On a societal level, nutrition education fosters social cohesion by encouraging community engagement and empowerment. It helps bridge health disparities by providing underserved populations with valuable knowledge and resources, while promoting health equity. Incorporating and respecting cultural food practices, nutrition education also celebrates and reinforces community identity and diversity.

Nutrition education can drive policy and systemic changes by informing and empowering communities to advocate for healthier environments and access to nutritious foods. This can lead to the creation of more sustainable local food systems, reduction in food waste, and the promotion of environmental sustainability. Overall, the benefits of nutrition education extend far beyond individual health, fostering stronger, more resilient, and equitable communities.

Social Determinants of Health - Healthcare Access and Quality

Access to quality healthcare, intertwined with nutrition education, plays a pivotal role in addressing social determinants of health, offering multifaceted benefits to individuals and communities. First, healthcare access ensures that individuals receive timely and appropriate nutrition counseling and interventions, critical for preventing and managing chronic diseases such as diabetes, heart disease, and obesity. This preventative approach reduces the long-term burden on healthcare systems by decreasing the need for more intensive medical interventions and hospitalizations, leading to significant cost savings and more sustainable healthcare.

Social Determinants of Health - Neighborhood and Built Environment

The Fallbrook F
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 easy access to
 much of them r
 difficult to get t

Statement of Need/Problem

Proper nutrition is crucial for individuals of all ages, with children requiring it even more, to maintain good health and thrive. When children are introduced to healthy and nutritious food early on, it can establish the basis for healthy eating and exercise habits that will have long lasting health benefits. There is significant research indicating that nutrition education for kids can positively affect health outcomes, including improved knowledge of nutrition, increased consumption of healthy foods, lower rates of obesity, improved academic performance, and long-term health benefits. Here are some key findings from research studies:

A systematic review of 20 studies found that nutrition education interventions led to increased knowledge of healthy foods, food groups, and healthy eating habits among children. A number of studies have also found that nutrition education programs can lead to increased consumption of healthy foods and long-term health benefits. A randomized controlled trial involving over 3,000 children found that a school-based nutrition education program led to a 21% reduction in the prevalence of overweight and obesity, as well as lower blood pressure, and lower cholesterol levels, compared to children who did not participate in the program.

(NIH. 2018\\\. [Impact of school-based nutrition and physical activity intervention](#)). In addition to health, youth nutrition education also positively affects academic performance, and cognitive function (Nyaradi A., Li J., Hickling S., Foster J., Oddy W.H. 2013. *The Role of Nutrition in Children's Neurocognitive Development*). Nutrition education is not merely about short-term results, it's about helping students establish a healthy relationship with food that supports them for the rest of their life.

Food choices and dietary behaviors are developed in childhood and are difficult to change in adulthood. Yet, according to the Centers for Disease Control, "US students receive less than 8 hours of required nutrition education each school year, far below the 40 to 50 hours that are needed to affect behavior change." Nutrition education is similar to any other subject, in that starting early and learning frequently can lead to greater knowledge and understanding. It is essential for individuals to learn about the fundamentals of nutrition, which can impact both their physical and mental health. Without this knowledge early in life, changing unhealthy habits and adopting healthier lifestyles may become more difficult.

FFP programs are especially critical in [rural areas like Fallbrook where residents live in a “food desert.” Fewer grocery stores and limited availability of healthy, affordable food is associated with high-calorie and less nutritious food, leading to an increased risk of obesity, type 2 diabetes, and other chronic diseases. Rural areas like ours, experience “persistent poverty” compared to urban counterparts—higher poverty rates over a long period. Economic instability, high housing costs, lack of job opportunities, and limited transportation options contribute to food insecurity in our vulnerable community. Alternatively, the strengths of rural communities are the strong social ties between people and a deep connection to locally run organizations. Our programs build upon these strengths to provide holistic services that nourish and educate the mind, body and soul.](#)

How are other organizations addressing this need in the community?

There are no other organizations in North County San Diego who are providing the expansive evidence-based educational opportunities and services that the Fallbrook Food Pantry has been providing to our community for the past two plus years. We take great pride in this fact and because of it, we believe that our curriculum will change the paradigm of tens of thousands of households who experience chronic poverty. We have developed a solution that will aid in the success of individuals becoming self-sufficient, independent and productive members of our society.

Program/Services Description - Program Entry & Follow Up

We have made the accessibility to our Rooted in Wellness curriculum very easy to enter programs/classes. With more than 38 classes, currently, being taught every week, interested participants can register in person or online. Our clients receive direct notification via flyers and face-to-face conversations, announcing our educational opportunities. When a client comes to register for food assistance, our Client Relations team, makes certain that they are aware of these opportunities and encourages them to take advantage of them, as part of the services we provide.

The partnerships we have established over the last two years, has afforded us multiple locations of where classes are being held, and where we are able to reach the most vulnerable individuals needing our education. From classes being taught at our Learning Center—on the premises of the Pantry, to the Fallbrook Regional Health District’s Wellness Center, Bonsall Unified School District - main campus, both Title 1 schools Ivy and Fallbrook High, Willow Tree Charter School, and Pala Reservation, we have acknowledged that “going where they are” is the best and most effective way of ensuring this population has the ability to access education that has been proven to enhance their lives.

Program/Services Description - Program Activities

Nobody should wonder where their next meal will come from. When individuals know their food needs are taken care of, they can focus on building a healthier and happier future. Therefore, education initiatives are equally important as our food distribution programs because education is the real catalyst for changing the underlying reasons for food insecurity. It addresses the root cause and social injustices of food insecurity and poor health outcomes. In the FFP Learning Center and demonstration kitchen, we create an inclusive environment where all members of the community have an opportunity to attend free linguistically and culturally appropriate courses in health, wellness, ESL, personal and occupational development courses.

Through a wide variety of in-person we teach our community practical skills and long-term solutions to reducing food insecurity with the ultimate goal of increasing self-sufficiency and becoming less reliant on FFP programs. Our holistic services are proven to help low-income families break the cycle of poverty and poor health outcomes. Research from the NIH suggests that “Food insecure adults have a 32% increased (chance) of being obese compared to food-secure adults.” ([Food Insecurity Is Associated with Obesity among US Adults](#)). It’s critical the at-risk community have access to nutritious food and learn how to prepare food in a way that

prevents diseases such as diabetes and hypertension.

Rooted in Wellness offers 25 different educational opportunities ranging from nutrition education, to personal development, from cooking classes/demonstrations to how to land a job, from mental wellness facilitated group circles to garden clubs and languages (English and Spanish as 2nd Languages). We cater to all age groups, beginning as young as five (5) years old to 105.

Program Goal

- 1000 individuals will learn how to make healthy lifestyle changes to improve their quality of life and health outcomes, as measured by class attendance and surveys. Out of the 1000 individuals, 700 will be at our school-site nutrition program, and 300 will be at our other FFP locations .
- 90% of cooking/nutrition class attendees will have more confidence in their cooking abilities and see fewer barriers to making healthy, affordable meals, as measured by client surveys.

To achieve our 2024 education goals, we will conduct a minimum of 10 different classes (averaging 30-50 individual classes) that will be held throughout the year at the FFP Learning Center, FRHD Wellness Center, 3-high school sites (Ivy, Fallbrook, Bonsall), 1-middle school (Sullivan in Bonsall), 2-elementary schools in Bonsall, 1-elementary/middle school (Willow Tree), and 2-locations on Pala Reservation. Each course lasts anywhere from 8-10 weeks.

Program Objectives & Measurable Outcomes

To measure impact, FFP will track attendance in addition to conducting surveys and assessments for all courses offered. Participants will take an assessment during the first and last sessions of class to quantify and compare improvements in attitudes towards healthy eating, their awareness of nutrition information, and their perceived confidence in making healthy food choices. Participants will provide impact statements of what their knowledge base was before entering the class and their outcomes and the end, and how this educational opportunity has empowered them and their families.

Organization Collaborations

We have collaborated with many organizations and pulled our resources together to provide more opportunities for our underserved community members.

1. Bonsall Unified School District

is currently offering 8 classes to grades k-12. We are providing Nourish & Grow Garden Club (k-8)--here we have 40 garden beds, Farm to School (6-12)--1 acre of land to grow on, CHOP for Kids (2-5), CHOP Jr. (6-8), CHOP (9-12)--we are expecting to increase from 8-12 classes being offered beginning in August 2024.

2. Boys & Girls Club we will be offering 4 classes this year: Nourish & Grow (Summer)--here we have installed 6 garden beds, Start Smart (on-going), CHOP for Kids (on-going), Professor Bean Presents Food Science (spring/fall camp)

3. Fallbrook Regional Health District Wellness Center. FFP & FRHD have created a partnership that is allowing FFP to build out 15 large garden beds to educate adults called Organic Roots we will also be providing Health & Harmony, a mental and physical holistic journey.

4. **Ivy High School** - we will be providing Teen Wellness and Health & Harmony throughout the 2024/2025 school year.

5. **Fallbrook High School** - here we are partnering up with Chef Cruz who is the new Culinary Arts instructor. FFP will be merging food instruction with Teen Wellness. Demonstrating that both food and movement are medicine and will have a positive impact on your mental wellness.

6. **Willow Tree Charter School** - we have been providing 8 classes to this school since last August. They have been incorporated into the actual classroom—working alongside the kids science classes. We have 19 garden beds here and are teaching Nourish & Grow, Start Smart, CHOP for Kids, Teen Wellness & Adult Health for parents.

7. **Pala Reservation** - we are currently teaching CHOP Jr. (6-8) and CHOP (9-12), soon we will be adding Teen Wellness, Health & Harmony.

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

We will acknowledge FRHD through social media posts (FB and Instagram). In 2019 FRHD's logo was added to our box truck, permanently. Our quarter newsletters will showcase our partnership as well as any flyers or intellectual property that supports our ROOTED IN WELLNESS classes through this grant opportunity.

Financial Reporting & Budget

Funding History

NO

Terms and Conditions

Accepted

Authorized Signature





BOARD MEMBERS

DR. TIM WILLARD, MEMBER, PRESIDENT

t.willard@sbcglobal.net

Dr. Tim Willard earned the Ph.D. in educational administration, from the University of Colorado. He is also a graduate of the Institute for Educational Management (IEM) at Harvard University. Dr. Willard has written, lectured, and consulted in the fields of institutional advancement, American philanthropy, non-profit management, and board development. From 1974 to 2011 Dr. Willard has been personally involved in managing, directing, and assisting in the raising of more than \$120 million in annual, capital and planned gifts. He has served as vice-president for development in three colleges and universities. He currently teaches courses in non-profit management at UCSD. Tim joined our board in 2021.

CATHERINE SOUSA, PAST PRESIDENT

kencatsous@aol.com

Catherine retired from Bank of America after devoting 32 years. Her last stint with them was as the National Finance Manager in San Francisco. Currently she has been responsible for fundraising and grant applications for the pantry since 2012.

CYNTIA DIAZ, TREASURER

cindy.diaz89@gmail.com

Cindy spent much of her childhood growing up in Fallbrook, graduating from Fallbrook High School in 2006, she left the state to go to college and returned to Fallbrook in 2010. Cindy's first job was working for the Fallbrook Regional Health District in administration for several years in the early-mid 2000's. For the past seven years, Cindy has worked for Ameriprise Financial Services, in Fallbrook. Cindy joined our board in 2023.

JEAN DOOLEY, SECRETARY

jeandooley@gmail.com

Jean is a retired teacher. She moved to Fallbrook in 1977. Jean and her husband Jim have two married sons, who grew up in Fallbrook, who are now married and live in Oceanside and Fair Oaks, California. Jean has been active with the pantry since 2008.

JEFF BRANTLEY, MEMBER

fallbrook@groceryoutlet.com

Jeff, along with his wife Mary, own and operate Grocery Outlet in Fallbrook. He has been in the food retail industry for over 40 years; recently retiring from a 38-year run with Safeway/Vons /Albertsons Company. Jeff joined the board in 2018.

RICK KOOLE, MEMBER

rskoole@aol.com

Dr. Richard Koole is the Senior Pastor of LifePointe Church in Fallbrook. In addition, he serves as Chairman of the Board of the Pacific Church Network. Dr. Koole is married to Carolyn, who is the Executive Director of the Hope Clinic for Women. Rick joined the board in 2018.

CATHY CONRAD, MEMBERcathy.conrad@gmail.com

Cathy has a BA in Psychology from the University of Colorado, and her career has been in real estate finance. Cathy has been an active board member since 2017.

PETE FREDERICKSEN, MEMBERfearlessfred46@hotmail.com

Pete was a Marine who served our country in Vietnam with several tours and retired after 20 years of service. He also is a retired Special Needs School Teacher with 21 years of educational instruction. Pete has been an active member of the pantry since 2013.

BRUCE McMANN, MEMBERambassador@fallbrookfoodpantry.org

Bruce recently retired from 25+ years of being in the shipping and transportation industry. He spent the majority of his career with FEDEX, overseeing large overnight shipping projects, like movie sets being sent to locations around the world. He currently lives on a small orchard in Fallbrook—growing lemons, blood red oranges, limes, and tangerines. He sells his juices and dehydrated fruit to local restaurants, like 127 W. Social House for crafted cocktails. Bruce's Juices was established in 2021. Bruce has been a board member since 2023.

JASON KENDALL, MEMBERJasonk@kendall-farms.com

Jason Kendall and his family own Kendall Farms in Fallbrook, California and have been operating their flower growing business since 1987. Jason is married and has two children. He and his family enjoy outdoor adventures, from snow skiing in Mammoth, to mountain biking in Montana. Jason is passionate about his community and giving back to others. He and his wife are active members of North Coast Church and they enjoy spending quality time entertaining with friends and family. Jason joined our board in 2020.

JULIE REEDER, MEMBERjreeder@reedermedia.com

Julie Reeder is the owner of our local newspaper, The Village News. She leads a group of 30 people who produce the best source for news and marketing across multiple platforms in North San Diego County and Southwest Riverside County reaching 300k to 500k monthly. Her previous experience includes working at the Los Angeles Times in a non-editorial capacity and working as a producer and fill-in host at local radio station AM1000 and later KOGO AM600. She's published three books. Two for a client and one of her own. She enjoys being able to communicate to the community not only hard news stories, but also the great things that kids, volunteers and residents are doing every day. Julie was the recipient of the "2002 Woman of the Year" from the California Senate and the "2002 Dove Award" from the Arc of San Diego County for support of community and nonprofit organizations. Julie joined our board in 2021.

ZANE ZAMORA, MEMBERzzamora@thegarrettgrou.net

Zane was born and raised in Fallbrook and moved to Temecula two years ago. His family's business is located in Fallbrook, so he continues to commute and call Fallbrook his community. Zane is a licensed drone pilot and has a small side business helping companies with their aerial footage needs. Zane is a father and has one son who is 9 years old. They enjoy outdoor hobbies and sports, mostly motorcross, together. Zane joined our board in 2024.

Fallbrook Food Pantry
Balance Sheet Prev Year Comparison
As of December 31, 2022

	Dec 31, 22	Dec 31, 21	\$ Change
ASSETS			
Current Assets			
Checking/Savings			
100 · ASSETS			
101 A · PACWEST NEW JULY 2020 CHECKING	144,451.48	244,611.47	-100,159.99
110 · Regular Savings-Pac West #4141	26,737.56	26,732.66	4.90
121 · MM CAPITAL PROJECT FUNDS #1001	0.00	16,503.40	-16,503.40
122 · MM CASH RESERVED FUNDS #1944	25,370.98	122,270.25	-96,899.27
123 · CHECKING - PPBI #2504	0.00	967.00	-967.00
124 · Ameriprise Investment Account	121,394.17	0.00	121,394.17
Total 100 · ASSETS	<u>317,954.19</u>	<u>411,084.78</u>	<u>-93,130.59</u>
Total Checking/Savings	317,954.19	411,084.78	-93,130.59
Other Current Assets			
12000 · *Undeposited Funds	-462.00	0.00	-462.00
180 · PREPAID EXPENSES			
180.001 · PREPAID INSURANCE	5,090.46	3,267.48	1,822.98
Total 180 · PREPAID EXPENSES	<u>5,090.46</u>	<u>3,267.48</u>	<u>1,822.98</u>
190 · Contributed Non-Cash Securities			
190.01 · EDWARD JONES INV. 3M/5 2018	0.00	5,881.04	-5,881.04
Total 190 · Contributed Non-Cash Securities	<u>0.00</u>	<u>5,881.04</u>	<u>-5,881.04</u>
192 · MORTGAGE LOAN FEES			
192.01 · PPBI MORTGAGE LOAN FEE	16,974.82	16,974.82	0.00
192.02 · ACCUM AMORT MORTGAGE LOAN FEES	-2,301.60	-575.40	-1,726.20
Total 192 · MORTGAGE LOAN FEES	<u>14,673.22</u>	<u>16,399.42</u>	<u>-1,726.20</u>
Total Other Current Assets	<u>19,301.68</u>	<u>25,547.94</u>	<u>-6,246.26</u>
Total Current Assets	<u>337,255.87</u>	<u>436,632.72</u>	<u>-99,376.85</u>
Fixed Assets			
150 · FIXED ASSETS			
150.001 · BUILDING - 140 BRANDON RD	589,922.57	589,922.57	0.00
150.002 · EQUIPMENT & FURNITURES	96,335.50	60,297.25	36,038.25
150.003 · LAND	500,000.00	500,000.00	0.00
150.004 · BUILDING IMPROVEMENTS	205,180.19	156,060.28	49,119.91
150.005 · TECHNOLOGY EQUIPMENT/SOFTWARE	9,653.00	9,653.00	0.00
150.006 · VEHICLE	86,796.45	86,796.45	0.00
150.007 · CAPITAL LEASE EQUIPMENT	48,215.29	48,215.29	0.00
Total 150 · FIXED ASSETS	<u>1,536,103.00</u>	<u>1,450,944.84</u>	<u>85,158.16</u>
151 · ACCUMULATED DEPRECIATION			
151.001 · BLDGS, IMPRVMTS, EQUIPMT, FURNI	-215,918.00	-164,525.00	-51,393.00
151.002 · LEASED EQUIPMENT	-32,964.00	-23,316.00	-9,648.00
Total 151 · ACCUMULATED DEPRECIATION	<u>-248,882.00</u>	<u>-187,841.00</u>	<u>-61,041.00</u>
Total Fixed Assets	<u>1,287,221.00</u>	<u>1,263,103.84</u>	<u>24,117.16</u>
Other Assets			
194 · FOOD INVENTORY	59,989.02	65,876.79	-5,887.77
Total Other Assets	<u>59,989.02</u>	<u>65,876.79</u>	<u>-5,887.77</u>
TOTAL ASSETS	<u>1,684,465.89</u>	<u>1,765,613.35</u>	<u>-81,147.46</u>

Fallbrook Food Pantry
Balance Sheet Prev Year Comparison
As of December 31, 2022

	Dec 31, 22	Dec 31, 21	\$ Change
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Credit Cards			
210 · CREDIT CARDS			
210.3 · Pacific Western Bsns Mastercard			
210.31 · GAWLAK - PW 2249	0.05	0.00	0.05
210.3 · Pacific Western Bsns Mastercard - Other	5,389.49	5,593.85	-204.36
Total 210.3 · Pacific Western Bsns Mastercard	5,389.54	5,593.85	-204.31
Total 210 · CREDIT CARDS	5,389.54	5,593.85	-204.31
Total Credit Cards	5,389.54	5,593.85	-204.31
Other Current Liabilities			
201 · Payroll Liabilities			
201.01 · Payroll Tax Liabilities	517.81	428.95	88.86
201.03 · 401K Employee Contribution	440.00	0.00	440.00
201 · Payroll Liabilities - Other	5,002.98	3,390.92	1,612.06
Total 201 · Payroll Liabilities	5,960.79	3,819.87	2,140.92
207 · ACCRUED LIABILITY			
207.01 · Accrued VACATION	11,990.15	7,229.22	4,760.93
207 · ACCRUED LIABILITY - Other	0.00	8,581.54	-8,581.54
Total 207 · ACCRUED LIABILITY	11,990.15	15,810.76	-3,820.61
270 · CAPITAL LEASED EQUIPMENT			
270.001 · NAVITAS CREDIT CORP	14,964.99	24,819.74	-9,854.75
Total 270 · CAPITAL LEASED EQUIPMENT	14,964.99	24,819.74	-9,854.75
Total Other Current Liabilities	32,915.93	44,450.37	-11,534.44
Total Current Liabilities	38,305.47	50,044.22	-11,738.75
Long Term Liabilities			
250 · PACIFIC PREMIER BANK	528,844.91	594,414.95	-65,570.04
Total Long Term Liabilities	528,844.91	594,414.95	-65,570.04
Total Liabilities	567,150.38	644,459.17	-77,308.79
Equity			
300 · EQUITY			
300.01 · UNRESTRICTED FUND BALANCE	226,142.47	226,142.47	0.00
300.02 · OPEN BAL EQUITY	36,046.26	36,046.26	0.00
300.03 · PRIOR YEAR ADJUSTMENT	109,802.12	109,802.12	0.00
Total 300 · EQUITY	371,990.85	371,990.85	0.00
320 · Unrestricted Net Assets	749,163.33	496,548.21	252,615.12
Net Income	-3,838.67	252,615.12	-256,453.79
Total Equity	1,117,315.51	1,121,154.18	-3,838.67
TOTAL LIABILITIES & EQUITY	1,684,465.89	1,765,613.35	-81,147.46

9:01 PM
 02/21/23
 Accrual Basis

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
 December 2022

	Dec 22	Jan - Dec 22
Income		
400 · INCOME		
401 · INTEREST		
401.01 · CHECKING - PACIFIC WESTERN	22.99	111.20
401.03 · SAVINGS RESERVE EQPMNT - PAC W	0.00	4.90
401.05 · MM CHECKING - BLDG FUND 1001 PP	0.06	2.03
401.06 · MM OPS Checking 1944 Regents	4.18	32.86
Total 401 · INTEREST	27.23	150.99
410 · GRANTS	50.00	211,617.00
420 · DONATIONS		
420.01 · BUSINESSES	5,545.00	21,330.44
420.02 · CHURCHES	4,813.15	31,643.39
420.03 · PERSONAL	42,443.61	144,410.58
420.04 · SERVICE ORGANIZATIONS	3,212.00	8,596.62
420.06 · BREAD AND BUTTER CLUB	190.50	2,238.75
Total 420 · DONATIONS	56,204.26	208,219.78
Total 400 · INCOME	56,281.49	419,987.77
402 · UNREALIZED GAIN/LOSS		
402.01 · Edward Jones Inv Gain/Loss	948.72	512.68
402.02 · Ameriprise Inv Gain/Loss	0.45	0.45
Total 402 · UNREALIZED GAIN/LOSS	949.17	513.13
430 · SPECIAL EVENTS INCOME		
430.03 · COMMUNITY COLLABORATIVE EVENTS	0.00	115.00
430.16 · FFP BIRTHDAY CELEBRATION	0.00	1,200.00
430.17 · QUARTERLY FUNDRAISERS	0.00	6,376.00
430.18 · END OF HUNGER WALK-A-THON	0.00	32,953.25
430.19 · GALA	7,900.00	148,912.08
Total 430 · SPECIAL EVENTS INCOME	7,900.00	189,556.33
491 · IN-KIND INCOME DONATIONS		
491.01 · FOOD	2,054,327.55	2,054,327.55
Total 491 · IN-KIND INCOME DONATIONS	2,054,327.55	2,054,327.55
Total Income	2,119,458.21	2,664,384.78
Gross Profit	2,119,458.21	2,664,384.78
Expense		
501 · FOOD DISTRIBUTION PROGRAM		
501.01 · FOOD PURCHASED	0.00	1,787.26
501.02 · SUPPLIES FOR FOOD DISTRIBUTION	5,967.75	14,438.39
Total 501 · FOOD DISTRIBUTION PROGRAM	5,967.75	16,225.65

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
 December 2022

	Dec 22	Jan - Dec 22
503 · LEARNING CENTER EXPENSES		
503.01 · OUTSIDE SERVICES - Instructors	0.00	6,050.00
503.02 · DIABETES PREVENTION & MGMT	0.00	2,400.00
503.03 · ESL	2,000.00	6,000.00
503.04 · C.H.O.P.	0.00	281.22
503.05 · NUTRITION TO GROW	0.00	413.20
503.06 · COOKING MATTERS (ADULT)	0.00	599.98
503 · LEARNING CENTER EXPENSES - Other	0.00	11,138.48
Total 503 · LEARNING CENTER EXPENSES	2,000.00	26,882.88
504 · FACILITY & EQUIPMENT		
504.02 · OFF-SITE STORAGE RENTAL	168.00	1,984.00
504.03 · BUILDING FUNCTION & REPAIRS	208.20	5,351.22
504 · FACILITY & EQUIPMENT - Other	0.00	900.67
Total 504 · FACILITY & EQUIPMENT	376.20	8,235.89
507 · EQUIPMENT REPAIR & MAINTENANCE		
507.01 · VEHICLES	591.25	14,231.83
507.02 · FORKLIFT	0.00	162.14
507.03 · PALETTE JACK	0.00	360.40
Total 507 · EQUIPMENT REPAIR & MAINTENANCE	591.25	14,754.37
510 · UTILITIES		
510.01E · ELECTRIC	1,937.36	25,359.48
510.01G · GAS	10.00	74.18
510.02 · INTERNET PROVIDER	297.95	3,510.40
510.03 · SECURITY	336.68	4,239.97
510.041 · TELEPHONE - LANDLINE & CELL	334.44	3,874.02
510.05 · WASTE MANAGEMENT/TRASH SERVICE	608.00	6,113.44
510.06 · WATER & SEWER	168.21	1,919.29
Total 510 · UTILITIES	3,692.64	45,090.78
530 · ADVERTISEMENT-MARKETING-PROMOS		
530.02 · COMMUNITY PUBLICATIONS	38.01	158.01
530.03 · NEWSPAPER ADVERTISEMENT	3,222.00	19,425.72
530.04 · PROMOTIONAL MATERIALS	0.00	1,079.97
530 · ADVERTISEMENT-MARKETING-PROMOS - Other	0.00	2,540.00
Total 530 · ADVERTISEMENT-MARKETING-PROMOS	3,260.01	23,203.70
535 · BANK SERVICE FEES		
535.05 · MM OPS CHECKING - PPBI	2.00	24.00
535.06 · MM BUILDING FUND CHECKING-PPBI	0.00	64.00
535 · BANK SERVICE FEES - Other	12.00	12.00
Total 535 · BANK SERVICE FEES	14.00	100.00
540 · INSURANCE		
540.01 · PROPERTY COVERAGE	673.79	7,838.84
540.02 · DIRECTORS & OFFICERS LIABILITY	130.50	1,471.46
Total 540 · INSURANCE	804.29	9,310.30

9:01 PM
02/21/23
Accrual Basis

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
December 2022

	Dec 22	Jan - Dec 22
542. · INTEREST EXPENSE		
542.01 · INTEREST - PPBI LOAN - 140 BLDG	1,877.96	23,746.52
542.03 · INTEREST LEASE EQPMT	75.75	1,170.13
Total 542. · INTEREST EXPENSE	1,953.71	24,916.65
545 · LICENSES-FEES-PERMITS		
545.01 · VEHICLES- DMV	0.00	1,131.00
545.02 · GOV'T REQUIRED	0.00	200.00
545 · LICENSES-FEES-PERMITS - Other	0.00	5.00
Total 545 · LICENSES-FEES-PERMITS	0.00	1,336.00
550 · MEMBERSHIPS - ANNUAL DUES		
550.01 · FALLBROOK CHAMBER OF COMMERCE	0.00	100.00
550.02 · NORTH COUNTY PHILANTHROPY COUNC	0.00	100.00
550.04 · OTHER MEMBERSHIP ANNUAL DUES	0.00	822.16
Total 550 · MEMBERSHIPS - ANNUAL DUES	0.00	1,022.16
551 · DEPRECIATION EXPENSE	5,531.00	61,041.00
552 · MERCHANT SERVICE FEES		
552.03 · PAYPAL	8.53	85.91
552.06 · INTUIT PAYROLL USAGE	121.00	1,504.00
552.09 · OTHER MERCHANT SERVICE FEES	1,496.29	1,506.29
552.10 · CLASSY PAY	902.80	5,587.65
Total 552 · MERCHANT SERVICE FEES	2,528.62	8,683.85
553 · MORTGAGE LOAN FEE EXPENSES		
553.01 · PPBI MORTGAGE LOAN FEE EXPENSE	143.85	1,726.20
Total 553 · MORTGAGE LOAN FEE EXPENSES	143.85	1,726.20
554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI		
554.02 · PRINTERS-COPIERS-SCANNERS-FAX	0.00	1,295.84
554.03 · COMPUTERS-HARDWARE	0.00	119.73
554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI - Other	0.00	94.77
Total 554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI	0.00	1,510.34
555 · OFFICE EXPENSE		
555.01 · COMPUTER SOFTWARE	0.00	222.61
555.03 · JANITORIAL SERVICE & SUPPLIES	0.00	109.50
555.04 · OFFICE SUPPLIES	516.29	2,579.39
555.05 · PAPER-ENVELOPES-STATIONARY	0.00	4,292.68
555.06 · POSTAGE-MAILINGS-DELIVERY SERV	492.00	2,434.80
555.07 · PRINTING/COPIES OFF-SITE PRINTE	0.00	2,163.25
555.08 · SUBSCRIPTIONS	90.00	11,129.72
Total 555 · OFFICE EXPENSE	1,098.29	22,931.95
560 · PERSONNEL		
560.01 · PAYROLL	28,428.56	217,305.54
560.02 · PAYROLL TAX EXPENSE	2,030.71	17,875.70
560.06 · WORKERS COMP	3,415.00	12,436.00
560.08 · PAYROLL - LEARNING CENTER	0.00	8,110.46
560.10 · SEP Employer Contribution	0.00	4,075.00
Total 560 · PERSONNEL	33,874.27	259,802.70

9:01 PM
02/21/23
Accrual Basis

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
December 2022

	<u>Dec 22</u>	<u>Jan - Dec 22</u>
565 · PROFESSIONAL SERVICES		
565.01 · ACCOUNTANT- CONSULTIANT Service	400.00	5,100.00
565.02 · BOOKKEEPER	1,440.00	3,804.90
565.03 · I.T. CONSULTANT	200.00	2,320.00
565.06 · OTHER CONTRACT PROFESSIONALS	2,947.50	18,254.95
565.08 · AUDIT and TAX PREP	0.00	10,500.00
565 · PROFESSIONAL SERVICES - Other	180.00	180.00
Total 565 · PROFESSIONAL SERVICES	<u>5,167.50</u>	<u>40,159.85</u>
568 · STAFF DEVELOPMENT		
568.02 · CONFERENCES-WORKSHOPS-TRAININGS	0.00	112.86
568.04 · VOLUNTEER STAFF	0.00	61.92
568.05 · MILEAGE	0.00	113.07
568 · STAFF DEVELOPMENT - Other	61.17	-82.25
Total 568 · STAFF DEVELOPMENT	<u>61.17</u>	<u>205.60</u>
570 · SPECIAL EVENTS EXPENSE		
570.03 · COMMUNITY COLLABORATIVE EVENTS	0.00	1,493.35
570.10 · VOLUNTEER APPRECIATION	176.50	3,562.02
570.18 · END OF HUNGER WALK-A-THON EXPS	0.00	3,345.16
570.19 · GALA EXPENSE	438.75	31,999.06
Total 570 · SPECIAL EVENTS EXPENSE	<u>615.25</u>	<u>40,399.59</u>
572 · SPECIAL PROGRAMS EXPENSES	0.00	85.25
575 · TAXES		
575.01 · PROPERTY TAXES	0.00	383.42
Total 575 · TAXES	<u>0.00</u>	<u>383.42</u>
591 · IN-KIND EXPENSE		
591.01 · FOOD	2,060,215.32	2,060,215.32
Total 591 · IN-KIND EXPENSE	<u>2,060,215.32</u>	<u>2,060,215.32</u>
Total Expense	<u>2,127,895.12</u>	<u>2,668,223.45</u>
Net Income	<u><u>-8,436.91</u></u>	<u><u>-3,838.67</u></u>

Fallbrook Food Pantry
Balance Sheet Prev Year Comparison
As of December 31, 2022

	Dec 31, 22	Dec 31, 21	\$ Change
ASSETS			
Current Assets			
Checking/Savings			
100 · ASSETS			
101 A · PACWEST NEW JULY 2020 CHECKING	144,451.48	244,611.47	-100,159.99
110 · Regular Savings-Pac West #4141	26,737.56	26,732.66	4.90
121 · MM CAPITAL PROJECT FUNDS #1001	0.00	16,503.40	-16,503.40
122 · MM CASH RESERVED FUNDS #1944	25,370.98	122,270.25	-96,899.27
123 · CHECKING - PPBI #2504	0.00	967.00	-967.00
124 · Ameriprise Investment Account	121,394.17	0.00	121,394.17
Total 100 · ASSETS	<u>317,954.19</u>	<u>411,084.78</u>	<u>-93,130.59</u>
Total Checking/Savings	317,954.19	411,084.78	-93,130.59
Other Current Assets			
12000 · *Undeposited Funds	-462.00	0.00	-462.00
180 · PREPAID EXPENSES			
180.001 · PREPAID INSURANCE	5,090.46	3,267.48	1,822.98
Total 180 · PREPAID EXPENSES	<u>5,090.46</u>	<u>3,267.48</u>	<u>1,822.98</u>
190 · Contributed Non-Cash Securities			
190.01 · EDWARD JONES INV. 3M/5 2018	0.00	5,881.04	-5,881.04
Total 190 · Contributed Non-Cash Securities	<u>0.00</u>	<u>5,881.04</u>	<u>-5,881.04</u>
192 · MORTGAGE LOAN FEES			
192.01 · PPBI MORTGAGE LOAN FEE	16,974.82	16,974.82	0.00
192.02 · ACCUM AMORT MORTGAGE LOAN FEES	-2,301.60	-575.40	-1,726.20
Total 192 · MORTGAGE LOAN FEES	<u>14,673.22</u>	<u>16,399.42</u>	<u>-1,726.20</u>
Total Other Current Assets	<u>19,301.68</u>	<u>25,547.94</u>	<u>-6,246.26</u>
Total Current Assets	<u>337,255.87</u>	<u>436,632.72</u>	<u>-99,376.85</u>
Fixed Assets			
150 · FIXED ASSETS			
150.001 · BUILDING - 140 BRANDON RD	589,922.57	589,922.57	0.00
150.002 · EQUIPMENT & FURNITURES	96,335.50	60,297.25	36,038.25
150.003 · LAND	500,000.00	500,000.00	0.00
150.004 · BUILDING IMPROVEMENTS	205,180.19	156,060.28	49,119.91
150.005 · TECHNOLOGY EQUIPMENT/SOFTWARE	9,653.00	9,653.00	0.00
150.006 · VEHICLE	86,796.45	86,796.45	0.00
150.007 · CAPITAL LEASE EQUIPMENT	48,215.29	48,215.29	0.00
Total 150 · FIXED ASSETS	<u>1,536,103.00</u>	<u>1,450,944.84</u>	<u>85,158.16</u>
151 · ACCUMULATED DEPRECIATION			
151.001 · BLDGS, IMPRVMTS, EQUIPMT, FURNI	-215,918.00	-164,525.00	-51,393.00
151.002 · LEASED EQUIPMENT	-32,964.00	-23,316.00	-9,648.00
Total 151 · ACCUMULATED DEPRECIATION	<u>-248,882.00</u>	<u>-187,841.00</u>	<u>-61,041.00</u>
Total Fixed Assets	<u>1,287,221.00</u>	<u>1,263,103.84</u>	<u>24,117.16</u>
Other Assets			
194 · FOOD INVENTORY	59,989.02	65,876.79	-5,887.77
Total Other Assets	<u>59,989.02</u>	<u>65,876.79</u>	<u>-5,887.77</u>
TOTAL ASSETS	<u>1,684,465.89</u>	<u>1,765,613.35</u>	<u>-81,147.46</u>

Fallbrook Food Pantry
Balance Sheet Prev Year Comparison
As of December 31, 2022

	Dec 31, 22	Dec 31, 21	\$ Change
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Credit Cards			
210 · CREDIT CARDS			
210.3 · Pacific Western Bsns Mastercard			
210.31 · GAWLAK - PW 2249	0.05	0.00	0.05
210.3 · Pacific Western Bsns Mastercard - Other	5,389.49	5,593.85	-204.36
Total 210.3 · Pacific Western Bsns Mastercard	5,389.54	5,593.85	-204.31
Total 210 · CREDIT CARDS	5,389.54	5,593.85	-204.31
Total Credit Cards	5,389.54	5,593.85	-204.31
Other Current Liabilities			
201 · Payroll Liabilities			
201.01 · Payroll Tax Liabilities	517.81	428.95	88.86
201.03 · 401K Employee Contribution	440.00	0.00	440.00
201 · Payroll Liabilities - Other	5,002.98	3,390.92	1,612.06
Total 201 · Payroll Liabilities	5,960.79	3,819.87	2,140.92
207 · ACCRUED LIABILITY			
207.01 · Accrued VACATION	11,990.15	7,229.22	4,760.93
207 · ACCRUED LIABILITY - Other	0.00	8,581.54	-8,581.54
Total 207 · ACCRUED LIABILITY	11,990.15	15,810.76	-3,820.61
270 · CAPITAL LEASED EQUIPMENT			
270.001 · NAVITAS CREDIT CORP	14,964.99	24,819.74	-9,854.75
Total 270 · CAPITAL LEASED EQUIPMENT	14,964.99	24,819.74	-9,854.75
Total Other Current Liabilities	32,915.93	44,450.37	-11,534.44
Total Current Liabilities	38,305.47	50,044.22	-11,738.75
Long Term Liabilities			
250 · PACIFIC PREMIER BANK	528,844.91	594,414.95	-65,570.04
Total Long Term Liabilities	528,844.91	594,414.95	-65,570.04
Total Liabilities	567,150.38	644,459.17	-77,308.79
Equity			
300 · EQUITY			
300.01 · UNRESTRICTED FUND BALANCE	226,142.47	226,142.47	0.00
300.02 · OPEN BAL EQUITY	36,046.26	36,046.26	0.00
300.03 · PRIOR YEAR ADJUSTMENT	109,802.12	109,802.12	0.00
Total 300 · EQUITY	371,990.85	371,990.85	0.00
320 · Unrestricted Net Assets	749,163.33	496,548.21	252,615.12
Net Income	-3,838.67	252,615.12	-256,453.79
Total Equity	1,117,315.51	1,121,154.18	-3,838.67
TOTAL LIABILITIES & EQUITY	1,684,465.89	1,765,613.35	-81,147.46

9:01 PM
 02/21/23
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Fallbrook Food Pantry
Profit & Loss Current Month and YTD
 December 2022

	Dec 22	Jan - Dec 22
Income		
400 · INCOME		
401 · INTEREST		
401.01 · CHECKING - PACIFIC WESTERN	22.99	111.20
401.03 · SAVINGS RESERVE EQPMNT - PAC W	0.00	4.90
401.05 · MM CHECKING - BLDG FUND 1001 PP	0.06	2.03
401.06 · MM OPS Checking 1944 Regents	4.18	32.86
Total 401 · INTEREST	27.23	150.99
410 · GRANTS	50.00	211,617.00
420 · DONATIONS		
420.01 · BUSINESSES	5,545.00	21,330.44
420.02 · CHURCHES	4,813.15	31,643.39
420.03 · PERSONAL	42,443.61	144,410.58
420.04 · SERVICE ORGANIZATIONS	3,212.00	8,596.62
420.06 · BREAD AND BUTTER CLUB	190.50	2,238.75
Total 420 · DONATIONS	56,204.26	208,219.78
Total 400 · INCOME	56,281.49	419,987.77
402 · UNREALIZED GAIN/LOSS		
402.01 · Edward Jones Inv Gain/Loss	948.72	512.68
402.02 · Ameriprise Inv Gain/Loss	0.45	0.45
Total 402 · UNREALIZED GAIN/LOSS	949.17	513.13
430 · SPECIAL EVENTS INCOME		
430.03 · COMMUNITY COLLABORATIVE EVENTS	0.00	115.00
430.16 · FFP BIRTHDAY CELEBRATION	0.00	1,200.00
430.17 · QUARTERLY FUNDRAISERS	0.00	6,376.00
430.18 · END OF HUNGER WALK-A-THON	0.00	32,953.25
430.19 · GALA	7,900.00	148,912.08
Total 430 · SPECIAL EVENTS INCOME	7,900.00	189,556.33
491 · IN-KIND INCOME DONATIONS		
491.01 · FOOD	2,054,327.55	2,054,327.55
Total 491 · IN-KIND INCOME DONATIONS	2,054,327.55	2,054,327.55
Total Income	2,119,458.21	2,664,384.78
Gross Profit	2,119,458.21	2,664,384.78
Expense		
501 · FOOD DISTRIBUTION PROGRAM		
501.01 · FOOD PURCHASED	0.00	1,787.26
501.02 · SUPPLIES FOR FOOD DISTRIBUTION	5,967.75	14,438.39
Total 501 · FOOD DISTRIBUTION PROGRAM	5,967.75	16,225.65

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
 December 2022

	Dec 22	Jan - Dec 22
503 · LEARNING CENTER EXPENSES		
503.01 · OUTSIDE SERVICES - Instructors	0.00	6,050.00
503.02 · DIABETES PREVENTION & MGMT	0.00	2,400.00
503.03 · ESL	2,000.00	6,000.00
503.04 · C.H.O.P.	0.00	281.22
503.05 · NUTRITION TO GROW	0.00	413.20
503.06 · COOKING MATTERS (ADULT)	0.00	599.98
503 · LEARNING CENTER EXPENSES - Other	0.00	11,138.48
Total 503 · LEARNING CENTER EXPENSES	2,000.00	26,882.88
504 · FACILITY & EQUIPMENT		
504.02 · OFF-SITE STORAGE RENTAL	168.00	1,984.00
504.03 · BUILDING FUNCTION & REPAIRS	208.20	5,351.22
504 · FACILITY & EQUIPMENT - Other	0.00	900.67
Total 504 · FACILITY & EQUIPMENT	376.20	8,235.89
507 · EQUIPMENT REPAIR & MAINTENANCE		
507.01 · VEHICLES	591.25	14,231.83
507.02 · FORKLIFT	0.00	162.14
507.03 · PALETTE JACK	0.00	360.40
Total 507 · EQUIPMENT REPAIR & MAINTENANCE	591.25	14,754.37
510 · UTILITIES		
510.01E · ELECTRIC	1,937.36	25,359.48
510.01G · GAS	10.00	74.18
510.02 · INTERNET PROVIDER	297.95	3,510.40
510.03 · SECURITY	336.68	4,239.97
510.041 · TELEPHONE - LANDLINE & CELL	334.44	3,874.02
510.05 · WASTE MANAGEMENT/TRASH SERVICE	608.00	6,113.44
510.06 · WATER & SEWER	168.21	1,919.29
Total 510 · UTILITIES	3,692.64	45,090.78
530 · ADVERTISEMENT-MARKETING-PROMOS		
530.02 · COMMUNITY PUBLICATIONS	38.01	158.01
530.03 · NEWSPAPER ADVERTISEMENT	3,222.00	19,425.72
530.04 · PROMOTIONAL MATERIALS	0.00	1,079.97
530 · ADVERTISEMENT-MARKETING-PROMOS - Other	0.00	2,540.00
Total 530 · ADVERTISEMENT-MARKETING-PROMOS	3,260.01	23,203.70
535 · BANK SERVICE FEES		
535.05 · MM OPS CHECKING - PPBI	2.00	24.00
535.06 · MM BUILDING FUND CHECKING-PPBI	0.00	64.00
535 · BANK SERVICE FEES - Other	12.00	12.00
Total 535 · BANK SERVICE FEES	14.00	100.00
540 · INSURANCE		
540.01 · PROPERTY COVERAGE	673.79	7,838.84
540.02 · DIRECTORS & OFFICERS LIABILITY	130.50	1,471.46
Total 540 · INSURANCE	804.29	9,310.30

9:01 PM
02/21/23
Accrual Basis

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
December 2022

	Dec 22	Jan - Dec 22
542. · INTEREST EXPENSE		
542.01 · INTEREST - PPBI LOAN - 140 BLDG	1,877.96	23,746.52
542.03 · INTEREST LEASE EQPMT	75.75	1,170.13
Total 542. · INTEREST EXPENSE	1,953.71	24,916.65
545 · LICENSES-FEES-PERMITS		
545.01 · VEHICLES- DMV	0.00	1,131.00
545.02 · GOV'T REQUIRED	0.00	200.00
545 · LICENSES-FEES-PERMITS - Other	0.00	5.00
Total 545 · LICENSES-FEES-PERMITS	0.00	1,336.00
550 · MEMBERSHIPS - ANNUAL DUES		
550.01 · FALLBROOK CHAMBER OF COMMERCE	0.00	100.00
550.02 · NORTH COUNTY PHILANTHROPY COUNC	0.00	100.00
550.04 · OTHER MEMBERSHIP ANNUAL DUES	0.00	822.16
Total 550 · MEMBERSHIPS - ANNUAL DUES	0.00	1,022.16
551 · DEPRECIATION EXPENSE	5,531.00	61,041.00
552 · MERCHANT SERVICE FEES		
552.03 · PAYPAL	8.53	85.91
552.06 · INTUIT PAYROLL USAGE	121.00	1,504.00
552.09 · OTHER MERCHANT SERVICE FEES	1,496.29	1,506.29
552.10 · CLASSY PAY	902.80	5,587.65
Total 552 · MERCHANT SERVICE FEES	2,528.62	8,683.85
553 · MORTGAGE LOAN FEE EXPENSES		
553.01 · PPBI MORTGAGE LOAN FEE EXPENSE	143.85	1,726.20
Total 553 · MORTGAGE LOAN FEE EXPENSES	143.85	1,726.20
554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI		
554.02 · PRINTERS-COPIERS-SCANNERS-FAX	0.00	1,295.84
554.03 · COMPUTERS-HARDWARE	0.00	119.73
554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI - Other	0.00	94.77
Total 554 · OFFICE EQUIP-PURCH-MNTNCE-REPAI	0.00	1,510.34
555 · OFFICE EXPENSE		
555.01 · COMPUTER SOFTWARE	0.00	222.61
555.03 · JANITORIAL SERVICE & SUPPLIES	0.00	109.50
555.04 · OFFICE SUPPLIES	516.29	2,579.39
555.05 · PAPER-ENVELOPES-STATIONARY	0.00	4,292.68
555.06 · POSTAGE-MAILINGS-DELIVERY SERV	492.00	2,434.80
555.07 · PRINTING/COPIES OFF-SITE PRINTE	0.00	2,163.25
555.08 · SUBSCRIPTIONS	90.00	11,129.72
Total 555 · OFFICE EXPENSE	1,098.29	22,931.95
560 · PERSONNEL		
560.01 · PAYROLL	28,428.56	217,305.54
560.02 · PAYROLL TAX EXPENSE	2,030.71	17,875.70
560.06 · WORKERS COMP	3,415.00	12,436.00
560.08 · PAYROLL - LEARNING CENTER	0.00	8,110.46
560.10 · SEP Employer Contribution	0.00	4,075.00
Total 560 · PERSONNEL	33,874.27	259,802.70

9:01 PM
02/21/23
Accrual Basis

Fallbrook Food Pantry
Profit & Loss Current Month and YTD
December 2022

	<u>Dec 22</u>	<u>Jan - Dec 22</u>
565 · PROFESSIONAL SERVICES		
565.01 · ACCOUNTANT- CONSULTIANT Service	400.00	5,100.00
565.02 · BOOKKEEPER	1,440.00	3,804.90
565.03 · I.T. CONSULTANT	200.00	2,320.00
565.06 · OTHER CONTRACT PROFESSIONALS	2,947.50	18,254.95
565.08 · AUDIT and TAX PREP	0.00	10,500.00
565 · PROFESSIONAL SERVICES - Other	180.00	180.00
Total 565 · PROFESSIONAL SERVICES	<u>5,167.50</u>	<u>40,159.85</u>
568 · STAFF DEVELOPMENT		
568.02 · CONFERENCES-WORKSHOPS-TRAININGS	0.00	112.86
568.04 · VOLUNTEER STAFF	0.00	61.92
568.05 · MILEAGE	0.00	113.07
568 · STAFF DEVELOPMENT - Other	61.17	-82.25
Total 568 · STAFF DEVELOPMENT	<u>61.17</u>	<u>205.60</u>
570 · SPECIAL EVENTS EXPENSE		
570.03 · COMMUNITY COLLABORATIVE EVENTS	0.00	1,493.35
570.10 · VOLUNTEER APPRECIATION	176.50	3,562.02
570.18 · END OF HUNGER WALK-A-THON EXPS	0.00	3,345.16
570.19 · GALA EXPENSE	438.75	31,999.06
Total 570 · SPECIAL EVENTS EXPENSE	<u>615.25</u>	<u>40,399.59</u>
572 · SPECIAL PROGRAMS EXPENSES	0.00	85.25
575 · TAXES		
575.01 · PROPERTY TAXES	0.00	383.42
Total 575 · TAXES	<u>0.00</u>	<u>383.42</u>
591 · IN-KIND EXPENSE		
591.01 · FOOD	2,060,215.32	2,060,215.32
Total 591 · IN-KIND EXPENSE	<u>2,060,215.32</u>	<u>2,060,215.32</u>
Total Expense	<u>2,127,895.12</u>	<u>2,668,223.45</u>
Net Income	<u><u>-8,436.91</u></u>	<u><u>-3,838.67</u></u>

Fallbrook Food Pantry
140 N. Brandon Road
Fallbrook, CA 92028

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>FALLBROOK FOOD PANTRY Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>140 N. BRANDON ROAD Address (Number and Street)</p> <p>FALLBROOK, CA 92028 City or Town, State, and ZIP Code</p> <p>760-728-7608 Telephone Number</p> <p>TREASURER@FALLBROOKFOOD PANTRY.ORG E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CTA463570</p> <p>Corporation or Organization No. 1689206</p> <p>Federal Employer ID No. 33-0491216</p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 2580230 Noncash Contributions \$ 2054328 Total Assets \$ 1670104
 Program Expenses \$ 2439876 Total Expenses \$ 2587485

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

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

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

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

SHAE GAWLAK	EXECUTIVE DIRECTOR	
Signature of Authorized Agent	Printed Name	Title
		Date

Fallbrook Food Pantry

EIN: 33-0491216

California corp. number: 1689206

State charity registration number: A463570

RRF-1, Line 5

Government grant agencies

Deputy Chief Administrative Officer/Chief Financial Officer
Office of Financial Planning
County of San Diego
1600 Pacific Highway, Room 352
San Diego, CA 92101-2422
619-531-5177

The Organization received a \$34,712 grant from the San Diego County assist with the principal loan reduction and to cover closing and relocation expenses to establish operations at 140 North Brandon.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fallbrook Food Pantry		D Employer identification number 33-0491216
	Doing business as		E Telephone number 760-728-7608
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2664234.
	140 N. Brandon Road		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Fallbrook, CA 92028		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Shae Gawlak same as C above		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: https://www.fallbrookfoodpantry.org/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2004
M State of legal domicile: CA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To aid those in the community who are in need of food; to refer those in need of shelter and		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2412854.	2519454.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3119.	513.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-54671.	60263.
		2361302.	2580230.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	149841.	219466.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	105348.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2024910.	2368019.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2174751.	2587485.	
19 Revenue less expenses. Subtract line 18 from line 12	186551.	-7255.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1749214.	1670104.
	22 Net assets or fund balances. Subtract line 21 from line 20	628060.	556205.
	1121154.	1113899.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	Shae Gawlak, Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Scott Maxwell		11/15/23		P00749825
Firm's name Swenson Advisors LLP			Firm's EIN 33-0810710		
Firm's address 25220 Hancock Ave., Suite 240 Murrieta, CA 92562			Phone no. (951) 445-4700		

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: To provide an adequate and nutritious supply of food to individuals in the community who are in need while improving the health of the community through education on healthy food choices and preparation.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 986489. including grants of \$) (Revenue \$)

Daily Market:

Based on family size, qualified clients are entitled to food items that are determined by a menu that is developed each week, which is planned to provide balanced meals for 4-5 meals per week. This amounts to approximately 10-12 pounds per person within each client household.

4b (Code:) (Expenses \$ 714810. including grants of \$) (Revenue \$)

Emergency Food Assistance Program ("EFAP") and EFAP for Seniors:

The Pantry distributes governmental commodities delivered by the San Diego Food Bank to registered clients. The Pantry distributes EFAP items to clients during the third full week of each month. The Pantry offers the EFAP program to senior clients during extended hours on Wednesday afternoons during the scheduled EFAP distributions weeks.

4c (Code:) (Expenses \$ 482073. including grants of \$) (Revenue \$)

Senior Food Program (Brown Box):

A USDA program designed to improve the health of low-income seniors who are 60 years or older, residents of San Diego County, and meet program income guidelines. The Senior Food Program provides qualified clients with a monthly food package containing items such as canned vegetables, fruit juice, pasta, milk, cereal, canned meat, and a block of cheese.

4d Other program services (Describe on Schedule O.) (Expenses \$ 256504. including grants of \$) (Revenue \$)

4e Total program service expenses 2439876.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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)
- 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
Shae Gawlak - 760-728-7608
140 N. Brandon Road, Fallbrook, CA 92028

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 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) Shae Gawlak Executive Director	40.00			X				85000.	0.	0.
(2) Tim Willard Member	1.00	X						0.	0.	0.
(3) Sancia Obermueller Treasurer	3.00	X		X				0.	0.	0.
(4) Cathy Conrad Secretary	2.00	X		X				0.	0.	0.
(5) Catherine Sousa President	5.00	X		X				0.	0.	0.
(6) Arnie Willcuts Member	1.00	X						0.	0.	0.
(7) Pete Fredericksen Member	1.00	X						0.	0.	0.
(8) Jean Dooley Member	1.00	X						0.	0.	0.
(9) Jeff Brantley Member	1.00	X						0.	0.	0.
(10) Vi Dupre Member	1.00	X						0.	0.	0.
(11) Young Milton Member	1.00	X						0.	0.	0.
(12) Rick Koole Member	1.00	X						0.	0.	0.
(13) Jason Kendall Member	1.00	X						0.	0.	0.
(14) Julie Reeder member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal							85000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							85000.	0.	0.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>		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>		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
NONE		

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2519454.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2054328.				
	h Total. Add lines 1a-1f		2519454.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		513.			513.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		144267.				
			84004.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			60263.			60263.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2580230.	0.	0.	60776.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59478.	16094.	16094.	27290.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133101.	101463.	4348.	27290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11690.	8705.	373.	2612.
10 Payroll taxes	15197.	9167.	1674.	4356.
11 Fees for services (nonemployees):				
a Management	19510.	14528.	623.	4359.
b Legal				
c Accounting	18241.	13584.	582.	4075.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	23122.	22042.		1080.
13 Office expenses	30799.	15286.	13081.	2432.
14 Information technology	8483.	6317.	271.	1895.
15 Royalties				
16 Occupancy	46741.	36874.	1234.	8633.
17 Travel	15368.	15368.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	113.		113.	
20 Interest	25045.	18651.	799.	5595.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57378.	42728.	1831.	12819.
23 Insurance	8751.	6517.	279.	1955.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Donated food and service	2076440.	2076440.		
b fundraising	26883.	26883.		
c Other Expenses	11145.	9229.	959.	957.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2587485.	2439876.	42261.	105348.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	384351.	1	196410.
	2 Savings and temporary cash investments	26733.	2	121394.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65877.	8	59989.
	9 Prepaid expenses and deferred charges	3267.	9	5090.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1536103.		
	b Less: accumulated depreciation	10b 248882.	1263105.	10c 1287221.
	11 Investments - publicly traded securities	5881.	11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1749214.	16	1670104.	
Liabilities	17 Accounts payable and accrued expenses	19631.	17	21217.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	578016.	23	514172.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30413.	25	20816.
	26 Total liabilities. Add lines 17 through 25	628060.	26	556205.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	1121154.	31	1113899.
	32 Total net assets or fund balances	1121154.	32	1113899.
	33 Total liabilities and net assets/fund balances	1749214.	33	1670104.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2580230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2587485.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1121154.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1113899.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10105151.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2271.	1024.	1994.	3119.	664.	9072.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	63511.	88672.	69534.	47421.	144267.	413405.
11 Total support. Add lines 7 through 10						10527628.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.99 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.28 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Fallbrook Food Pantry	Employer identification number 33-0491216
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fallbrook Regional Healthcare District P.O. Box 2587 Fallbrook, CA 92028	\$ 118950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Feeding San Diego 9455 Waples St #135 san diego, CA 92121	\$ 1032382.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	North County Food Bank 1445 Engineer st #110 vista, CA 92081	\$ 163378.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Community Donations unkown fallbrook, CA 92028	\$ 362410.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Grocery Outlet 1101 S Main ave Fallbrook, CA 92028	\$ 83505.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	San Diego Food Bank EFAP Neighborhood distribution 9850 Distribution Ave san diego, CA 92121	\$ 353237.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Fallbrook Food Pantry	Employer identification number 33-0491216
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	Food Donations _____ _____ _____	\$ <u>1032382.</u>	<u>12/31/22</u>
<u>3</u>	Food Donations _____ _____ _____	\$ <u>163378.</u>	<u>12/31/22</u>
<u>4</u>	Food Donations _____ _____ _____	\$ <u>362410.</u>	<u>12/31/22</u>
<u>5</u>	Food Donations _____ _____ _____	\$ <u>83505.</u>	<u>12/31/22</u>
<u>6</u>	Food Donations _____ _____ _____	\$ <u>353237.</u>	<u>12/31/22</u>
	_____ _____ _____	\$ _____	_____

Name of organization Fallbrook Food Pantry	Employer identification number 33-0491216
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Fallbrook Food Pantry; Employer identification number: 33-0491216

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d, and various monitoring and policy questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		500000.		500000.
b Buildings		589923.	51701.	538222.
c Leasehold improvements				
d Equipment		231347.	159408.	71939.
e Other		214833.	37773.	177060.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1287221.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Credit card payable	5390.
(3) Capital Lease Obligation	14965.
(4) undeposited funds	461.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	2706292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	42058.
e	Add lines 2a through 2d	2e	42058.
3	Subtract line 2e from line 1	3	2664234.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-84004.
c	Add lines 4a and 4b	4c	-84004.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2580230.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	2671489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	84004.
e	Add lines 2a through 2d	2e	84004.
3	Subtract line 2e from line 1	3	2587485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2587485.

Part XIII Supplemental Information.

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

Part X, Line 2:

The Organization uses a loss contingencies approach for evaluating uncertain tax positions and continually evaluates changes in tax law and new authoritative rulings. No loss contingencies were recognized for the years ended December 31, 2022 or 2021. The Organization did not have unrecognized tax benefits as of December 31, 2022 or 2021 and does not expect this to change significantly over the next 12 months. The Organization recognizes interest and penalties accrued on any unrecognized tax benefits as a component of income tax expense. As of December 31, 2022 and 2021, the Organization has not accrued interest or penalties related to uncertain tax positions.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	144267.		144267.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	144267.		144267.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	105348.		105348.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			105348.
	11	Net income summary. Subtract line 10 from line 3, column (d)			38919.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Fallbrook Food Pantry** Employer identification number **33-0491216**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	2054328.	Comparable Cost Esti
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Form 990, Part I, Line 1, Description of Organization Mission:

medical care; to equip them to be selfsufficient, independent, and
productive members of society; and to give love and hope through
nurturing and emotional support. In 2021, 1,035,805 pounds of groceries
and fresh produce were distributed to approximately 59,000 households.

Form 990, Part III, Line 4d, Other Program Services:

Neighborhood Distribution

On the last Wednesday of every month, everyone in the community may
receive fresh produce from the
Pantry at the Life Point Church parking lot.

Adopt-A-Family

Clients must apply and meet specific criteria to qualify for this
program. The Fallbrook Food Pantry
coordinates this program with community members and churches to provide
children under 16 years of
age with holiday gifts.

Farmers to Families

During the COVID-19 lockdowns, farmers were unable to sell produce to
restaurants and grocery stores
in as high a capacity as usual. Due to federal government programming,
food banks across the nation
benefitted from the farmers' excess crops at no cost, while the
government paid the farmers for their

Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
---	--

goods. The Pantry distributed the excess crops received to its clients during 2021 and 2022

Expenses \$ 256504. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

The draft Form 990 is reviewed by the Treasurer, Secretary, President, and the Board

Form 990, Part VI, Section B, Line 12c:

As part of the Code of Conduct, the Board signs a Conflict of Interest Policy annually. The Conflict of Interest Policy requires directors and officers to avoid any potential conflicts of interest and to reveal to the Board President, or in his/her absence the President Elect or Past President, any perceived, potential, or actual conflicts of interest.

Form 990, Part VI, Section B, Line 15a:

There are only a few paid employees throughout the year, including the Executive Director, Programs & Operations Director, Case Manager & Volunteer Coordinator, Receptionist & Administrative Assistant, and Warehouse Coordinator & Driver. The Board of Directors reviews their compensation.

Form 990, Part VI, Section C, Line 19:

The organization will provide the governing documents, policies and financial statements to any person who requests this information in writing. This information can be obtained in the form of PDF documents. A quarterly newsletter is issued.

Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
---	--

Form 990, Part XII, line 2c.

The process by which the organization's Board selects an independent accountant for oversight, review, and compilation of its financial statements is that the Board identifies potential accounting firms from which to receive proposals that outline the services to be provided and the corresponding fees of those services. Selected members of the Board then interview the accounting firms that provided proposals the Board responded positively to. The Board then votes to approve the selection of the accounting firm who provided the best proposal and performed most appropriately in the interview, based on the fees, services, and experience to be provided by the firm.

990, Part III, Line 4d

ther Program Services

Neighborhood Distribution

On the last Wednesday of every month, everyone in the community may receive fresh produce from the Pantry at the Life Point Church parking lot.

Adopt-A-Family

Clients must apply and meet specific criteria to qualify for this program. The Fallbrook Food Pantry coordinates this program with community members and churches to provide children under 16 years of age with holiday gifts.

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Farmers to Families

During the COVID-19 lockdowns, farmers were unable to sell produce to restaurants and grocery stores

in as high a capacity as usual. Due to federal government programming, food banks across the nation

benefitted from the farmers' excess crops at no cost, while the government paid the farmers for their

goods. The Pantry distributed the excess crops received to its clients during 2021 and 2022

Multiple horizontal lines for additional text entry.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fallbrook Food Pantry		D Employer identification number 33-0491216
	Doing business as		E Telephone number 760-728-7608
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2664234.
	140 N. Brandon Road		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Fallbrook, CA 92028		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Shae Gawlak same as C above		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: https://www.fallbrookfoodpantry.org/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2004	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To aid those in the community who are in need of food; to refer those in need of shelter and		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2412854.	Current Year 2519454.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3119.	513.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-54671.	60263.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2361302.	2580230.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		149841.	219466.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		105348.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2024910.	2368019.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2174751.	2587485.	
19 Revenue less expenses. Subtract line 18 from line 12	186551.	-7255.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1749214.	End of Year 1670104.
	21 Total liabilities (Part X, line 26)	628060.	556205.
	22 Net assets or fund balances. Subtract line 21 from line 20	1121154.	1113899.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Shae Gawlak, Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Scott Maxwell	Preparer's signature	Date 11/15/23	Check if self-employed <input type="checkbox"/>	PTIN P00749825
	Firm's name Swenson Advisors LLP	Firm's EIN 33-0810710	Phone no. (951) 445-4700		
Firm's address 25220 Hancock Ave., Suite 240 Murrieta, CA 92562					

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: To provide an adequate and nutritious supply of food to individuals in the community who are in need while improving the health of the community through education on healthy food choices and preparation.

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 \$ 986489. including grants of \$) (Revenue \$) Daily Market: Based on family size, qualified clients are entitled to food items that are determined by a menu that is developed each week, which is planned to provide balanced meals for 4-5 meals per week. This amounts to approximately 10-12 pounds per person within each client household.

4b (Code:) (Expenses \$ 714810. including grants of \$) (Revenue \$) Emergency Food Assistance Program ("EFAP") and EFAP for Seniors: The Pantry distributes governmental commodities delivered by the San Diego Food Bank to registered clients. The Pantry distributes EFAP items to clients during the third full week of each month. The Pantry offers the EFAP program to senior clients during extended hours on Wednesday afternoons during the scheduled EFAP distributions weeks.

4c (Code:) (Expenses \$ 482073. including grants of \$) (Revenue \$) Senior Food Program (Brown Box): A USDA program designed to improve the health of low-income seniors who are 60 years or older, residents of San Diego County, and meet program income guidelines. The Senior Food Program provides qualified clients with a monthly food package containing items such as canned vegetables, fruit juice, pasta, milk, cereal, canned meat, and a block of cheese.

4d Other program services (Describe on Schedule O.) (Expenses \$ 256504. including grants of \$) (Revenue \$)

4e Total program service expenses 2439876.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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 [X] Upon request [] Other (explain on Schedule 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Shae Gawlak - 760-728-7608
140 N. Brandon Road, Fallbrook, CA 92028

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 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) Shae Gawlak Executive Director	40.00			X				85000.	0.	0.
(2) Tim Willard Member	1.00	X						0.	0.	0.
(3) Sancia Obermueller Treasurer	3.00	X		X				0.	0.	0.
(4) Cathy Conrad Secretary	2.00	X		X				0.	0.	0.
(5) Catherine Sousa President	5.00	X		X				0.	0.	0.
(6) Arnie Willcuts Member	1.00	X						0.	0.	0.
(7) Pete Fredericksen Member	1.00	X						0.	0.	0.
(8) Jean Dooley Member	1.00	X						0.	0.	0.
(9) Jeff Brantley Member	1.00	X						0.	0.	0.
(10) Vi Dupre Member	1.00	X						0.	0.	0.
(11) Young Milton Member	1.00	X						0.	0.	0.
(12) Rick Koole Member	1.00	X						0.	0.	0.
(13) Jason Kendall Member	1.00	X						0.	0.	0.
(14) Julie Reeder member	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2519454.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2054328.				
	h Total. Add lines 1a-1f		2519454.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		513.			513.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		144267.			
			84004.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			60263.			60263.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2580230.	0.	0.	60776.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59478.	16094.	16094.	27290.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133101.	101463.	4348.	27290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11690.	8705.	373.	2612.
10 Payroll taxes	15197.	9167.	1674.	4356.
11 Fees for services (nonemployees):				
a Management	19510.	14528.	623.	4359.
b Legal				
c Accounting	18241.	13584.	582.	4075.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	23122.	22042.		1080.
13 Office expenses	30799.	15286.	13081.	2432.
14 Information technology	8483.	6317.	271.	1895.
15 Royalties				
16 Occupancy	46741.	36874.	1234.	8633.
17 Travel	15368.	15368.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	113.		113.	
20 Interest	25045.	18651.	799.	5595.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57378.	42728.	1831.	12819.
23 Insurance	8751.	6517.	279.	1955.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Donated food and service	2076440.	2076440.		
b fundraising	26883.	26883.		
c Other Expenses	11145.	9229.	959.	957.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2587485.	2439876.	42261.	105348.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	384351.	1	196410.
	2 Savings and temporary cash investments	26733.	2	121394.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65877.	8	59989.
	9 Prepaid expenses and deferred charges	3267.	9	5090.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1536103.		
	b Less: accumulated depreciation	10b 248882.	1263105.	10c 1287221.
	11 Investments - publicly traded securities	5881.	11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1749214.	16	1670104.	
Liabilities	17 Accounts payable and accrued expenses	19631.	17	21217.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	578016.	23	514172.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30413.	25	20816.
	26 Total liabilities. Add lines 17 through 25	628060.	26	556205.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	1121154.	31	1113899.
	32 Total net assets or fund balances	1121154.	32	1113899.
33 Total liabilities and net assets/fund balances	1749214.	33	1670104.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2580230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2587485.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7255.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1121154.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1113899.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						10105151.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	231930.	2166393.	2782250.	2405124.	2519454.	10105151.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2271.	1024.	1994.	3119.	664.	9072.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	63511.	88672.	69534.	47421.	144267.	413405.
11 Total support. Add lines 7 through 10						10527628.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.99	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.28	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Fallbrook Food Pantry; Employer identification number: 33-0491216

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		500000.		500000.
b Buildings		589923.	51701.	538222.
c Leasehold improvements				
d Equipment		231347.	159408.	71939.
e Other		214833.	37773.	177060.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1287221.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Credit card payable	5390.
(3) Capital Lease Obligation	14965.
(4) undeposited funds	461.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	2706292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	42058.	
e	Add lines 2a through 2d		2e	42058.
3	Subtract line 2e from line 1		3	2664234.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-84004.	
c	Add lines 4a and 4b		4c	-84004.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2580230.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	2671489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	84004.	
e	Add lines 2a through 2d		2e	84004.
3	Subtract line 2e from line 1		3	2587485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2587485.

Part XIII Supplemental Information.

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

Part X, Line 2:

The Organization uses a loss contingencies approach for evaluating uncertain tax positions and continually evaluates changes in tax law and new authoritative rulings. No loss contingencies were recognized for the years ended December 31, 2022 or 2021. The Organization did not have unrecognized tax benefits as of December 31, 2022 or 2021 and does not expect this to change significantly over the next 12 months. The Organization recognizes interest and penalties accrued on any unrecognized tax benefits as a component of income tax expense. As of December 31, 2022 and 2021, the Organization has not accrued interest or penalties related to uncertain tax positions.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala (event type)	(event type)	None (total number)	
Revenue	1	Gross receipts	144267.		144267.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	144267.		144267.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	105348.		105348.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			105348.
	11	Net income summary. Subtract line 10 from line 3, column (d)			38919.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **Fallbrook Food Pantry** Employer identification number **33-0491216**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	2054328.	Comparable Cost Esti
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Form 990, Part I, Line 1, Description of Organization Mission:

medical care; to equip them to be selfsufficient, independent, and
productive members of society; and to give love and hope through
nurturing and emotional support. In 2021, 1,035,805 pounds of groceries
and fresh produce were distributed to approximately 59,000 households.

Form 990, Part III, Line 4d, Other Program Services:

Neighborhood Distribution

On the last Wednesday of every month, everyone in the community may
receive fresh produce from the
Pantry at the Life Point Church parking lot.

Adopt-A-Family

Clients must apply and meet specific criteria to qualify for this
program. The Fallbrook Food Pantry
coordinates this program with community members and churches to provide
children under 16 years of
age with holiday gifts.

Farmers to Families

During the COVID-19 lockdowns, farmers were unable to sell produce to
restaurants and grocery stores
in as high a capacity as usual. Due to federal government programming,
food banks across the nation
benefitted from the farmers' excess crops at no cost, while the
government paid the farmers for their

Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
---	--

goods. The Pantry distributed the excess crops received to its clients during 2021 and 2022

Expenses \$ 256504. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

The draft Form 990 is reviewed by the Treasurer, Secretary, President, and the Board

Form 990, Part VI, Section B, Line 12c:

As part of the Code of Conduct, the Board signs a Conflict of Interest Policy annually. The Conflict of Interest Policy requires directors and officers to avoid any potential conflicts of interest and to reveal to the Board President, or in his/her absence the President Elect or Past President, any perceived, potential, or actual conflicts of interest.

Form 990, Part VI, Section B, Line 15a:

There are only a few paid employees throughout the year, including the Executive Director, Programs & Operations Director, Case Manager & Volunteer Coordinator, Receptionist & Administrative Assistant, and Warehouse Coordinator & Driver. The Board of Directors reviews their compensation.

Form 990, Part VI, Section C, Line 19:

The organization will provide the governing documents, policies and financial statements to any person who requests this information in writing. This information can be obtained in the form of PDF documents. A quarterly newsletter is issued.

Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
--	---

Form 990, Part XII, line 2c.

The process by which the organization's Board selects an independent accountant for oversight, review, and compilation of its financial statements is that the Board identifies potential accounting firms from which to receive proposals that outline the services to be provided and the corresponding fees of those services. Selected members of the Board then interview the accounting firms that provided proposals the Board responded positively to. The Board then votes to approve the selection of the accounting firm who provided the best proposal and performed most appropriately in the interview, based on the fees, services, and experience to be provided by the firm.

990, Part III, Line 4d

ther Program Services

Neighborhood Distribution

On the last Wednesday of every month, everyone in the community may receive fresh produce from the Pantry at the Life Point Church parking lot.

Adopt-A-Family

Clients must apply and meet specific criteria to qualify for this program. The Fallbrook Food Pantry coordinates this program with community members and churches to provide children under 16 years of age with holiday gifts.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	Carpet for offices, Market and Back Bathroom (West Coas	09/30/19	SL	15.00		16	5036.				5036.	1092.		336.	1428.
4	Seal coating & striping parking lot; Larg crack fill	10/31/19	SL	15.00		16	2050.				2050.	418.		137.	555.
5	Building Improvements per contract (Youngren Construct	11/30/19	SL	15.00		16	93157.				93157.	19166.		6210.	25376.
6	Refrigeration/Cooler & HVAC (M & M Air Conditioning & He	10/26/19	SL	15.00		16	11000.				11000.	2318.		733.	3051.
15	HVAC Project	06/20/22	SL	15.00		16	29900.				29900.	996.		997.	1993.
16	Retro Fit Panic Door (Andy Glass Window)	10/31/22	SL	15.00		16	19220.				19220.	214.		214.	428.
17	Information Technology Equipment (Jason Springton):	10/03/18	SL	5.00		16	9653.				9653.	8211.		1442.	9653.
18	VAN (Schmitt Imports, LLC)	06/30/16	SL	5.00		16	30000.				30000.	30000.		0.	30000.
19	2018 Chevrolet Box Truck LCF4500 (Chevrolet Paradise	09/18/18	SL	5.00		16	56796.				56796.	48297.		8499.	56796.
20	Project Code 37 Freezers & Coolers (Bittne's Restaurant	10/27/15	SL	5.00		16	22277.				22277.	22277.		0.	22277.
21	Fork Lift Purchase - Toyota 7FGCU25 Class IV/5000 lb / C	11/16/18	SL	5.00		16	15624.				15624.	12740.		2884.	15624.
27	Learning Center - 8 Tables (Amazon)	12/03/21	SL	5.00		16	2992.				2992.	650.		598.	1248.
28	Cabinets for Volunteers kitchen and Conference Room	01/17/22	SL	5.00		16	7621.				7621.	1397.		1397.	2794.
29	Volunteers kitchen and Conference Room media center	03/18/22	SL	5.00		16	7156.				7156.	1071.		1073.	2144.
30	Fridge inside Box Truck (Delivery Concept, Inc)	09/06/22	SL	5.00		16	13075.				13075.	872.		872.	1744.
31	Outdoor vehicle charger and Panel (Losacco Electric)	10/07/22	SL	5.00		16	8186.				8186.	408.		409.	817.
	* 990 Page 10 Total -						333743.				333743.	150127.		25801.	175928.
7	Learning Center - Build Out (Christopher Ostendorf) Mate	10/16/20	SL	15.00		16	3000.				3000.	442.		200.	642.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 Page 10 Total -						3000.				3000.	442.		200.	642.
2	Building at 140 Brandon Rd	08/01/19	SL	39.00	MM	16	589923.				589923.	51701.		15126.	66827.
	* 990 Page 10 Total -						589923.				589923.	51701.		15126.	66827.
8	Learning Center - Build Out (West Coast Flooring) Labor	10/20/20	SL	15.00		16	2248.				2248.	312.		150.	462.
9	Learning Center - Build Out (West Coast Flooring) Materi	10/01/20	SL	15.00		16	3160.				3160.	468.		211.	679.
	* 990 Page 10 Total -						5408.				5408.	780.		361.	1141.
10	Learning Center - Build Out (Christopher Ostendorf) Labo	11/06/20	SL	15.00		16	2500.				2500.	364.		167.	531.
11	Learning Center - Build Out (Christopher Ostendorf) Labo	11/24/20	SL	15.00		16	4000.				4000.	550.		267.	817.
12	Learning Center - Build Out (Christopher Ostendorf) Labo	12/22/20	SL	15.00		16	3700.				3700.	504.		247.	751.
13	Learning Center - Build Out (Organizer Plus LLC) Counter	12/30/20	SL	15.00		16	2665.				2665.	360.		178.	538.
14	Plumbing - Ecavte, Cleanout & New Liner (Arrow Pipeline	06/18/21	SL	15.00		16	23544.				23544.	2358.		1570.	3928.
22	Super Pantry - Uline (invoice# 122348713) - Set o	08/10/20	SL	5.00		16	3396.				3396.	1653.		679.	2332.
23	New Forklift Shed (Super Pantry: Alex Gills - Materia	09/30/20	SL	5.00		16	3769.				3769.	1701.		754.	2455.
24	Learning Center - Builders Supply - Kitchen Cabinets Bu	11/19/20	SL	5.00		16	5418.				5418.	2250.		1084.	3334.
25	Learning Center -(Temecula Appliances) Refridg/Dishwash	12/01/20	SL	5.00		16	3698.				3698.	1516.		740.	2256.
26	Installation & Purchasse of 6 Security Cameras - Pioneer	05/21/20	SL	5.00		16	3125.				3125.	1612.		625.	2237.
32	Walk-in Freezer/Cooler (Navitas Credit Corp)	07/10/19		5.00	HY	16	48215.				48215.	32964.		0.	32964.
	* 990 Page 10 Total -						104030.				104030.	45832.		6311.	52143.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	140 Brandon Rd	08/01/19	L				500000.				500000.			0.	
	* 990 Page 10 Total -						500000.				500000.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						1536104.				1536104.	248882.		47799.	296681.
	Current Year Activity														
	Beginning balance						1450946.			0.	1450946.	243924.			286761.
	Acquisitions						85158.			0.	85158.	4958.			9920.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						1536104.			0.	1536104.	248882.			296681.
	Ending accum depr											296681.			
	Ending book value											1239423.			

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **FALLBROOK FOOD PANTRY**

California corporation number: **1689206**

FEIN: **33-0491216**

Street address (suite or room): **140 N. BRANDON ROAD**

PMB no. _____

City: **FALLBROOK** State: **CA** ZIP code: **92028**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	144780	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2519454	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2			
	4	This line must be completed. If the result is less than \$50,000, see General Information B	4	2664234	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
Expenses	8	Total gross income. Subtract line 7 from line 4	8	2664234	00
	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2671489	00
Filing Fee	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-7255	00
	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
Sign Here	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Title: **EXECUTIVE DIRE** Date: _____ Telephone: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: **11/15/23** Check if self-employed: PTIN: **P00749825**

Firm's name (or yours, if self-employed) and address: **SWENSON ADVISORS LLP**
25220 HANCOCK AVE., SUITE 240
MURRIETA, CA 92562 Firm's FEIN: **33-0810710** Telephone: **(951) 445-4700**

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

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

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	144267	00	
	2	Interest	•	2	513	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	144780	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	59478	00	
	12	Other salaries and wages	•	12	133101	00	
	Expenses and Disbursements	13	Interest	•	13	25045	00
		14	Taxes	•	14	15197	00
		15	Rents	•	15	46741	00
		16	Depreciation and depletion (See instructions)	•	16	57378	00
		17	Other expenses and disbursements	•	17	2334549	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2671489	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		411084		317804
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		65877		59989
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 5		5881		
10 a Depreciable assets	950945		1036103	
b Less accumulated depreciation	(187840)	763105	(248882)	787221
11 Land		500000		500000
12 Other assets STMT 6		3267		5090
13 Total assets		1749214		1670104
Liabilities and net worth				
14 Accounts payable		19631		21217
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		578016		514172
18 Other liabilities STMT 7		30413		20816
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1121154		1113899
22 Total liabilities and net worth		1749214		1670104

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	-7255	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		-7255	

CA 199 Compensation of Officers, Directors and Trustees Statement 3

<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Shae Gawlak 140 N. Brandon Road Fallbrook, CA 92028	Executive Director 40.00	0.
Tim Willard 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Sancia Obermueller 140 N. Brandon Road Fallbrook, CA 92028	Treasurer 3.00	0.
Cathy Conrad 140 N. Brandon Road Fallbrook, CA 92028	Secretary 2.00	0.
Catherine Sousa 140 N. Brandon Road Fallbrook, CA 92028	President 5.00	0.
Arnie Willcuts 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Pete Fredericksen 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Jean Dooley 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Jeff Brantley 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Vi Dupre 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
Young Milton 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.

Fallbrook Food Pantry

33-0491216

Rick Koole 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
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Jason Kendall 140 N. Brandon Road Fallbrook, CA 92028	Member 1.00	0.
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Julie Reeder 140 N. Brandon Road Fallbrook, CA 92028	member 1.00	0.
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Total to Form 199, Part II, line 11		<u>0.</u>
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<u>CA 199</u>	<u>Other Expenses</u>	<u>Statement 4</u>
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<u>Description</u>	<u>Amount</u>
Donated food and service fundraising	2076440.
Other Expenses	26883.
Direct expenses of fundraising events	11145.
Other employee benefits	84004.
Management fees	11690.
Accounting fees	19510.
Advertising and promotion	18241.
Office expenses	23122.
Information technology	30799.
Travel	8483.
Conferences and conventions	15368.
Insurance	113.
	8751.
Total to Form 199, Part II, line 17	<u>2334549.</u>

<u>CA 199</u>	<u>Other Investments</u>	<u>Statement 5</u>
---------------	--------------------------	--------------------

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Investments - publicly traded securities	5881.	0.
Total to Form 199, Schedule L, line 9	<u>5881.</u>	<u>0.</u>

CA 199	Other Assets	Statement 6
Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	3267.	5090.
Total to Form 199, Schedule L, line 12	3267.	5090.

CA 199	Other Liabilities	Statement 7
Description	Beg. of Year	End of Year
Credit card payable	5593.	5390.
Capital Lease Obligation	24820.	14965.
undeposited funds	0.	461.
Total to Form 199, Schedule L, line 18	30413.	20816.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0491216

Corporation name

California corporation number

FALLBROOK FOOD PANTRY

1689206

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

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

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	1536104.	243924.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	47799

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	47799
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	47799
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

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

CA 3885

Depreciation

Statement 8

Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
1 140 Brandon Rd	08/01/19	500000.		L		0.	
2 Building at 140 Brandon Rd	08/01/19	589923.	51701.	SL	39.00	15126.	
3 Carpet for offices, Market and Back Bathroom (West Coast Flooring)	09/30/19	5036.	1092.	SL	15.00	336.	
4 Seal coating & striping parking lot; Larg crack filled (Santa Fe Pav	10/31/19	2050.	418.	SL	15.00	137.	
5 Building Improvements per contract (Youngren Constructions)	11/30/19	93157.	19166.	SL	15.00	6210.	
6 Refrigeration/Cooler & HVAC (M & M Air Conditioning & Heating)	10/26/19	11000.	2318.	SL	15.00	733.	
7 Learning Center - Build Out (Christopher Ostendorf) Materials	10/16/20	3000.	442.	SL	15.00	200.	
8 Learning Center - Build Out (West Coast Flooring) Labor	10/20/20	2248.	312.	SL	15.00	150.	
9 Learning Center - Build Out (West Coast Flooring) Materials	10/01/20	3160.	468.	SL	15.00	211.	
10 Learning Center - Build Out (Christopher Ostendorf) Labor - Electric	11/06/20	2500.	364.	SL	15.00	167.	
11 Learning Center - Build Out (Christopher Ostendorf) Labor - Plumbing	11/24/20	4000.	550.	SL	15.00	267.	
12 Learning Center - Build Out (Christopher Ostendorf) Labor - Hot wate	12/22/20	3700.	504.	SL	15.00	247.	
13 Learning Center - Build Out (Organizer Plus LLC) Countertops & Insta	12/30/20	2665.	360.	SL	15.00	178.	
14 Plumbing - Ecavte, Cleanout & New Liner (Arrow Pipeline & Repair)	06/18/21	23544.	2358.	SL	15.00	1570.	
15 HVAC Project	06/20/22	29900.		SL	15.00	997.	
16 Retro Fit Panic Door (Andy Glass Window)	10/31/22	19220.		SL	15.00	214.	
17 Information Technology Equipment (Jason Springton):	10/03/18	9653.	8211.	SL	5.00	1442.	
18 VAN (Schmitt Imports, LLC)	06/30/16	30000.	30000.	SL	5.00	0.	
19 2018 Chevrolet Box Truck LCF4500 (Chevrolet Paradise Cadillac)	09/18/18	56796.	48297.	SL	5.00	8499.	
20 Project Code 37 Freezers & Coolers (Bittne's Restaurant Equipment)	10/27/15	22277.	22277.	SL	5.00	0.	
21 Fork Lift Purchase - Toyota 7FGCU25 Class IV/5000 lb / Cushion Tire	11/16/18	15624.	12740.	SL	5.00	2884.	
22 Super Pantry - Uline (invoice# 122348713) - Set of Equipment	08/10/20	3396.	1653.	SL	5.00	679.	
23 New Forklift Shed (Super Pantry: Alex Gills - Materials; Christopher	09/30/20	3769.	1701.	SL	5.00	754.	
24 Learning Center - Builders Supply - Kitchen Cabinets Build Out	11/19/20	5418.	2250.	SL	5.00	1084.	
25 Learning Center -(Temecula Appliances) Refridg/Dishwasher/Microwave	12/01/20	3698.	1516.	SL	5.00	740.	
26 Installation & Purchase of 6 Security Cameras - Pioneer Security Se	05/21/20	3125.	1612.	SL	5.00	625.	
27 Learning Center - 8 Tables (Amazon)	12/03/21	2992.	650.	SL	5.00	598.	

Fallbrook Food Pantry

33-0491216

28 Cabinets for Volunteers kitchen and Conference Room media center (GR	01/17/22	7621.	SL	5.00	1397.
29 Volunteers kitchen and Conference Room media center (Organizers Plus	03/18/22	7156.	SL	5.00	1073.
30 Fridge inside Box Truck (Delivery Concept, Inc)	09/06/22	13075.	SL	5.00	872.
31 Outdoor vehicle charger and Panel (Losacco Electric)	10/07/22	8186.	SL	5.00	409.
32 Walk-in Freezer/Cooler (Navitas Credit Corp)	07/10/19	48215.	32964.	5.00	0.
Total to Form 3885		<u>1536104.</u>	<u>243924.</u>		<u>47799.</u>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p>FALLBROOK FOOD PANTRY Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>140 N. BRANDON ROAD Address (Number and Street)</p> <p>FALLBROOK, CA 92028 City or Town, State, and ZIP Code</p> <p>760-728-7608 Telephone Number</p> <p>TREASURER@FALLBROOKFOOD PANTRY.ORG E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CTA463570</p> <p>Corporation or Organization No. 1689206</p> <p>Federal Employer ID No. 33-0491216</p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 2580230 Noncash Contributions \$ 2054328 Total Assets \$ 1670104
 Program Expenses \$ 2439876 Total Expenses \$ 2587485

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

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

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

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

SHAE GAWLAK	EXECUTIVE DIRECTOR	
Signature of Authorized Agent	Printed Name	Title
		Date

The Organization received a \$34,712 grant from the San Diego County assist with the principal loan reduction and to cover closing and relocation expenses to establish operations at 140 North Brandon.

FRHD CHC GRANT BUDGET FORM

Agency Name: **FALLBROOK FOOD PANTRY**

PROGRAM NAME: **ROOTED IN WELLNESS - NOURISHMENT FOR LIFE**

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				
A2	General Insurance (not program specific)				
A3	Accounting & audit expenses				
A4	Consultant/Contractor Fees				
A5	Physical Assets (Rent, Facility Costs)				
A6	Utilities				
A7	IT & Internet				
A8	Marketing & Communications				
A9	Office Supplies				
A10	Training & Education				
A11	Other: specify				
TOTAL INDIRECT EXPENSE		-	-	-	-

B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	EDUCATION PROGRAMS MANAGER	60,000.00	45,000.00	-	15,000.00
B2	INSTRUCTOR COORDINATOR	12,000.00	12,000.00	-	
B3	NUTRITION INSTRUCTORS (8)	75,000.00	60,000.00	-	15,000.00
B4	LANGUAGE INSTRUCTORS (2)	30,000.00	15,000.00	15,000.00	
B5	Payroll Expenses (WC, taxes)	-			
B6	Benefits	-			
B7	Other: specify	-			
TOTAL PERSONNEL EXPENSE		177,000.00	132,000.00	15,000.00	30,000.00

C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	Curriculum Development - copyright & trademark	25,000.00	10,000.00	-	15,000.00
C2	Class supplies & equipment - Charlie Cart / Portable Kitchen (mobile demo kitchen for schools)	15,000.00	-	-	15,000.00
C3	Class food items	10,000.00	-	-	10,000.00
C4	Rooted in Wellness marketing	10,000.00	10,000.00	-	
C5	Course Locations Set-Up (10 locations)	10,000.00	5,000.00	5,000.00	
C6	Case studies / data collection / white paper	5,000.00	-	-	5,000.00
C7	Program insurance	5,000.00	5,000.00		
C8					
C9					
C10					
C11					
C12					
C13					
C14					
C15					
TOTAL OTHER EXPENSES		80,000.00	30,000.00	5,000.00	45,000.00

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 257,000.00	29%

2) FUNDING SOURCES

E	FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X	162,000.00
E2	OTHER FUNDERS	Y	20,000.00
E3	REQUESTED FROM FRHD	Z	75,000.00
TOTAL FUNDING SOURCES			\$ 257,000.00

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

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 919,150.00	\$ 257,000.00	28%
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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