

## Organization Information

### Legal Name

Palomar Family Counseling Service, Inc.

### DBA (if Applicable)

n/a

## Program Name/Title

Grandparents Raising Grandchildren

## Brief Program Description

When parents are unable to raise their children, it is often grandparents who step in. Grandfamilies thrive when they get the support they need. Grandparents Raising Grandchildren is a comprehensive service that fosters healthy grandparents and a strong and stable family.

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

Established Program

## Program Information - Type

Ongoing

## Requested Amount

15000

## Organization's Mission Statement

Our enduring mission is to support and strengthen children, youth, adults, families, schools, and communities. The mission is brought to life by an expert team of licensed counselors, therapists, case managers and paraprofessionals.

Our goals include providing the highest standard of professional service - particularly to underserved communities. Although we have grown in size and scope to annually serve over 6,000 children, adults, and families across North County, we have retained our commitment to providing comprehensive mental health services that are personal, convenient, and affordable. Long standing partnerships across North County have earned us the reputation of being collaborative and innovative.

## Organization's Vision Statement

Palomar Family Counseling Service (PFCS) will become a preferred provider of community mental health services in North County. Passionate and dedicated professionals aspire to work here, clients achieve an enhanced quality of life, and collaborative partnerships are enriched by our trained expertise.

## Agency Capability

In its third year of operation, Grandparents Raising Grandchildren (GRG) has been instrumental in strengthening over 45 grandfamilies and also strengthening the local system of formal and informal support services. GRG has assembled a network of over 50 business and organizations that have become a lifeline to many grandfamilies.

GRG has also been instrumental in mobilizing local experts to provide educational and self-care workshops. The workshops have become an important source of social support and engagement.

Last year, 280 referrals were made to over 45 service providers on behalf of 35 grandfamilies. Similar to last year, emotional support and parenting guidance continues to be approximately 40% of the services provided by

our Project Coordinator.

Since the Spring of 2021, 36% of grandparents have decreased or eliminated the need for active case management and family support services. The community need however has not diminished. Ten new grandfamilies have been added to the program in 2023.

Satisfaction with services is consistently at the highest level on our confidential surveys. The response and coordination with other kinship programs offered in the county is an indication that our services are highly regarded. Grandfamilies continue to want to connect informally with other grandfamilies creating a natural network of emotional and social support.

## Agency Collaborations

PFCS has long been a member of the Community Collaborative for Health and Wellness organized by the Fallbrook Regional Health District (FRHD). The monthly meeting is an opportunity to promote the program, gather information on community resources to share with program participants, problem solve any unforeseen barriers, and coordinate events.

Over the past three years, we have created strong collaborative relationships with Elder Law & Advocacy (legal aid), The Social Care Network, Fallbrook Senior Center, Aging & Independence Services, Southern Caregiver Resource Center, The Food Pantry, local schools, The San Diego Regional Center, In Home Support Services, and Interfaith Community Services. We were honored to connect and collaborate with the San Diego County Sheriff's Department.

Our close collaboration with the YMCA's Kinship Program continues to strengthen local services to grandfamilies. The Kinship program does not extend as far north as FRHD communities, but they have agreed to collaborate and support GRG with information and resources.

All these relationships improve our ability to effectively serve grandfamilies.

## Target Population - Age

|   | Percent of program participants | Estimated number of participants |
|---|---------------------------------|----------------------------------|
| Children (infants to 12)                          |                                 |                                  |
| Young Adults (13-17)                              |                                 |                                  |
| Adults (18-60)                                    | 33                              | 11                               |
| Seniors (60+)                                     | 67                              | 21                               |
| We do not collect this data (indicate with 100%)* |                                 |                                  |

## Target Population not collected - Age

NA

## Gender

|            | Percent of program participants |
|------------|---------------------------------|
| Female     | 83                              |
| Male       | 17                              |
| Non-binary |                                 |
| Unknown*   |                                 |

## \*Target Population - Gender

NA

## Income Level

|   | Percent of program participants |
|---|---------------------------------|
| Extremely Low-Income Limits, ceiling of \$32,100  | 53                              |
| Very Low (50%) Income Limits, ceiling of \$53,500 | 40                              |
| Low (80%) Income Limits, ceiling of \$85,600      |                                 |
| Higher Than Listed Limits                         | 7                               |
| We do not collect this data (indicate with 100%)* |                                 |

## \*Target Population - Income Level

NA

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

32

# Social Determinants of Health (SDOH)

## Program/Services Description - Social Determinants of Health

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

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

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

## Statement of Need/Problem

When parents are not able to raise their children, it is often grandparents who step in.

In the Fallbrook area, grandfamilies have taken over parenting responsibilities for many reasons including drug addicted daughters and incarcerated sons. One grandmother provides for three grandchildren under the age of seven due to her daughter's mental illness. She was forced to move the family into a hotel, neglect her own pressing health needs, and now needs surgery. Teenagers having lost their parents due to tragic illness are living with grandparents overcome with grief. Babies placed with grandparents when they are only 4 months old have never known anyone other than grandma as mom. Grandparents face never imagined legal challenges, custody arrangements, physical, mental, emotional and financial demands. Most take on the parenting role valiantly regardless of the great cost to health and well-being.

Grandparents have little experience navigating bureaucratic systems for specialized services and are unaware of available resources. They express feelings of loneliness and isolation and high levels of stress. And they worry that their grandchildren are at risk for not receiving adequate supports for positive growth and development. Of the five Social Determinants of Health, three pertain:

Economic security: 93% of the grandparents we serve live on fixed incomes; 53% report living at or below the poverty level. Food insecurity ranks as the second highest need.

Social and community context: Social & emotional support is the highest need of grandparents. 68% percent have a grandchild with special needs. Many feel isolated, different and alone.

Healthcare access: Some neglect their health due to the demands associated with caring for their grandchildren.

Others experience significant anxiety and depression. Mental health services ranks as the third highest need.

### **Statement of Need/Problem - Others**

Although there is no other resource specifically addressing the needs of grandparents raising grandchildren in the local community, there are organizations who provide excellent services to seniors.

Fallbrook Senior Care Center offers outstanding support, including social activities and meal services to seniors. We are proud to be recognized as one of their partners. The Foundation for Senior Care offers multiple services to seniors including a grocery delivery service and expanded transportation services.

The YMCA offers kinship programs but nothing similar is offered in the Fallbrook region. 211 San Diego or the Access & Crisis Line would be responsive to a grandparent calling for assistance, however, for those that do call, they are unlikely to follow up with referrals that require them to travel far from home. 211 also offers a resource page on their website for grandparents. As stated earlier,

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

We advertise our services through community partners across the region, including schools, senior centers, churches, libraries, and county programs. Other grandparents are also a source of connection. Individuals can self-refer or be referred by one of our community partners including local schools, senior centers, 211 San Diego, The Social Care Network, Aging & Independence Services, The Southern California Resource Center, Elder Law & Advocacy, and Child Welfare Services.

In order to reduce any barriers to service, we have no entrance criteria beyond being a grandparent raising a grandchild(ren) who would like help and support.

First contact is typically by telephone or email. All grandparents are offered a meeting to discuss areas of need. Needs assessment meetings can occur at almost any community location comfortable for the grandparent, including the family home. Video conferencing continues to be offered and remains an option. The Project Coordinator will take the time necessary to explore needs, link to services, provide general emotional support and advocacy, and plan for next steps.

Confidential self-report surveys conducted during and after the provision of services is used to gauge satisfaction. Confidential surveys are also used to assess the degree to which program outcomes have been achieved. The Project Coordinator is in routine contact with grandparents to determine whether needed services have been received or if further advocacy and support is needed.

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

Grandfamilies thrive when they get the support they need. In contrast to children living with foster parents, children in grandfamilies experience increased stability, higher levels of permanency, and greater safety. They experience better mental health, social, and educational outcomes than those raised in grandfamilies not receiving services.

Grandparents need help getting health care, food and nutrition, legal services, educational supports, housing, childcare, and respite. They need assistance navigating complicated, fragmented, and siloed service systems. They need emotional support to deal with family trauma and stress. Our services include:

Information, Referral, and Case Management.

Grandfamilies are unaware of the services and supports that are available to them. Without these services, grandfamilies are often left in the dark, alone, and isolated. We provide information and referral services to help grandparents find and access supports that help meet their needs and the needs of the children they are raising. Information and referral services include:

Help to gain access to public benefits, including financial assistance.  
Assistance finding educational supports and communicating with the school system.  
Connections to legal assistance.  
Emergency assistance and goods, such as diapers, clothing, and furniture.  
Resources for childcare and respite care.  
Connections to mental and physical health care.  
Support to access food and nutrition programs.  
Case management services includes provision of direct, personalized, ongoing assistance in obtaining services and supports geared specifically to the unique needs of each grand family. We offer ongoing support, not just one interaction and assist grandfamilies in dealing with the systems they encounter.  
Education and Training for Grandparents.  
Training topics for grandparents include public benefits, legal matters, how to work with the child welfare system, navigating school systems and educational services, and self-care. Grandparents also receive training about how to deal with difficult behaviors, support children who are grieving or have suffered trauma, and how to manage relationships with birth parents. Education and training are key to helping grandfamilies through the challenges they face and through life going forward.  
Social and Emotional Support.  
Social and emotional support is offered at each quarterly workshops and in one-to-one support sessions with the Project Manager or Director. Many grandfamilies say connections made during group sessions with is the strongest reinforcement they receive on an ongoing basis.  
Many members of grandfamilies feel isolated; they may not know anyone else who is in a grand family. They often feel different and alone. When they connect in group situations they find a sense of belonging, and that can be a lifesaver for those who are struggling.

## **Program Goal #1**

Grandfamilies thrive when they get the support and services they need. <https://www.gu.org/app/uploads/2022/02/2021-Grandfamilies-ReportV14.pdf>

*Healthy grandparents are a must. They need assistance navigating complicated, fragmented, and siloed service systems. They need emotional support to deal with family trauma and stress. They need to practice self-care.*

*The goal of GRG is to ensure the health and wellbeing of grandparents raising their grandchildren in Fallbrook and its neighboring communities of Bonsall, Rainbow, and De Luz by providing a comprehensive service that promotes a strong and stable family.*

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

Improve family functioning and decrease family stress by providing customized case management services and parent coaching.

Decrease social isolation and increase connection to a community of supports by providing at minimum, quarterly educational, self-care and social workshops and gatherings.

Provide effective case management and support services that meet the needs of grandfamilies and their grandchildren, in order to create an environment where the full potential for health and well-being can be met.

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

OUTCOME MEASURE 1: By 6/30/24, 30 grandfamilies will be connected to the services and supports they or their grandchildren need including parent coaching and report decreased stress and improved family functioning on self-report surveys administered semi-annually.

OUTCOME MEASURE 2: By 6/30/24, 25 grandparents will participate in at least one educational, self-care or social workshop every 6 months and report decreased feelings of loneliness, improved mood, and overall

increased resilience on a self-report survey administered semi-annually.

OUTCOME MEASURE 3: 80% of grandparents who receive case management or support services between July 1, 2023 and June 30, 2024, will: a) rate their satisfaction with services as 9 or 10 (top highest ratings) on a 10 point scale administered 2 times per year via an anonymous electronic survey; and b) would recommend this service to a friend or family member.

## Anticipated Acknowledgment

### Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

### Anticipated Acknowledgment

The District's name and logo is featured on all print materials, typically underneath a title stating "This project is made possible through the generous support of" or "Funding generously provided by". When posting the logo to our website, electronic flyers, or emails, we link the logo to <https://www.fallbrookhealth.org>. Alternatively, we will also link 'visit fallbrookhealth.org' to the same web location.

PFCS has an active Facebook, Instagram and LinkedIn page; we typically post 3-5 times per week. We use our Twitter account to focus on issues related to mental and behavioral health. We tag the Fallbrook Regional Health District in all related posts. We follow the District's Facebook page and frequently share, applaud, and comment on District posts and affiliated organization posts. We also follow and post in the Friends of Fallbrook Facebook Page, tagging FRHD in all posts.

We anticipate articles in local newspapers and participating in local presentations and podcasts. FRHD will be acknowledged in each of these activities.

### Terms and Conditions

Accepted

### Authorized Signature



# BOARD OF DIRECTORS

October 2022 - September 2023

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**Palomar Family Counseling Service, Inc.**  
**Profit & Loss YTD Comparison**  
**July 2021 through June 2022**

|                                      | <u>Jul '21 - Jun 22</u>  | <u>Jul '21 - Jun 22</u>  |
|--------------------------------------|--------------------------|--------------------------|
| <b>Ordinary Income/Expense</b>       |                          |                          |
| <b>Income</b>                        |                          |                          |
| CARES Act Provider Relief Fund       | 26,842.75                | 26,842.75                |
| <b>Client Services</b>               |                          |                          |
| Client Billing                       | 117,603.80               | 117,603.80               |
| CWS                                  | 45,892.66                | 45,892.66                |
| Domestic Violence -DV Escondido      | 133,996.00               | 133,996.00               |
| Domestic Violence -DV Fallbrook      | 10,529.00                | 10,529.00                |
| Domestic Violence -DV Poway          | 1,020.00                 | 1,020.00                 |
| Domestic Violence -DV Vista          | 40,687.00                | 40,687.00                |
| Neighborhood Health                  | 116,860.00               | 116,860.00               |
| Substance Abuse                      | 70.00                    | 70.00                    |
| UBH OPTUM                            | 78,178.00                | 78,178.00                |
| Victim Relief Fund                   | 1,063.00                 | 1,063.00                 |
| Total Client Services                | 545,899.46               | 545,899.46               |
| Total Donations                      | 14,483.29                | 14,483.29                |
| Eleanor Bordeaux Training Fund       | 628.67                   | 628.67                   |
| <b>Grant/Contract Revenues</b>       |                          |                          |
| Foundation Grants                    | 39,178.48                | 39,178.48                |
| Projects                             | 758,935.77               | 758,935.77               |
| Public Contracts                     | 3,096,064.03             | 3,096,064.03             |
| Total Grant/Contract Revenues        | 3,894,178.28             | 3,894,178.28             |
| Total Interest                       | 1,389.18                 | 1,389.18                 |
| Other Revenue                        | 75.69                    | 75.69                    |
| Total Income                         | <u>4,483,497.32</u>      | <u>4,483,497.32</u>      |
| <b>Gross Profit</b>                  | 4,483,497.32             | 4,483,497.32             |
| <b>Expense</b>                       |                          |                          |
| <b>Operating Costs</b>               |                          |                          |
| Total Bank Charges                   | 3,304.21                 | 3,304.21                 |
| Total Board and Employee Events      | 4,192.55                 | 4,192.55                 |
| Total Business Fees                  | 4,244.13                 | 4,244.13                 |
| Total Business Services              | 35,055.83                | 35,055.83                |
| Total Business Taxes                 | 280.70                   | 280.70                   |
| Client Transportation                | 10,575.00                | 10,575.00                |
| Total Contractual ADP                | 17,487.16                | 17,487.16                |
| Donation                             | 500.00                   | 500.00                   |
| EHR                                  | 13,140.00                | 13,140.00                |
| Gift Cards CSED                      | 1,200.00                 | 1,200.00                 |
| Gift Cards SD Foundation             | 700.00                   | 700.00                   |
| Gifts                                | 1,000.00                 | 1,000.00                 |
| Total Incredible Years               | 3,886.32                 | 3,886.32                 |
| Total Insurance Expense              | 30,252.44                | 30,252.44                |
| Total Interest Expense               | 10,237.59                | 10,237.59                |
| Interpreter Services                 | 1,500.00                 | 1,500.00                 |
| IT Services                          | 30,743.00                | 30,743.00                |
| Longevity Award                      | 375.00                   | 375.00                   |
| Total Maintenance                    | 95,946.89                | 95,946.89                |
| Membership Dues/Fees                 | 1,839.95                 | 1,839.95                 |
| Minor Equipment                      | 53,429.62                | 53,429.62                |
| Printing/Duplicating                 | 9,266.03                 | 9,266.03                 |
| Total Professional Fees              | 97,780.00                | 97,780.00                |
| Relief Funds                         | 5,060.00                 | 5,060.00                 |
| Total Space Rent and Storage         | 10,932.59                | 10,932.59                |
| Total Staff Devel/Training/Education | 3,590.21                 | 3,590.21                 |
| Total Supplies                       | 70,739.01                | 70,739.01                |
| Total Telecommunications             | 64,855.26                | 64,855.26                |
| Total Travel Related                 | 13,865.08                | 13,865.08                |
| Total Utilities                      | 34,765.99                | 34,765.99                |
| Total Operating Costs                | <u>630,744.56</u>        | <u>630,744.56</u>        |
| <b>Personnel</b>                     |                          |                          |
| Total Fringe Benefits                | 711,607.04               | 711,607.04               |
| Total Wages                          | 3,150,467.37             | 3,150,467.37             |
| Total Personnel                      | <u>3,862,074.41</u>      | <u>3,862,074.41</u>      |
| Total Expense                        | <u>4,492,818.97</u>      | <u>4,492,818.97</u>      |
| <b>Net Income</b>                    | <b><u>(9,321.65)</u></b> | <b><u>(9,321.65)</u></b> |



**Palomar Family Counseling Service, Inc.**  
**Balance Sheet**  
**As of June 30, 2022**

**ASSETS**

**Current Assets**

**Checking/Savings**

First Republic Checking 597,157.80

FRB Merchant Services 36,987.36

**Total Checking/Savings** 634,145.16

**Total Accounts Receivable** 563,891.51

**Other Current Assets**

**Total Prepaid Expenses** 3,817.50

**Total Current Assets** 1,201,854.17

**Fixed Assets**

**Acc. Depreciation-Buildings** (762,831.27)

**Total Building-Escondido** 1,000,934.63

**Total Building-Fallbrook** 278,303.39

**Total Building-Vista** 207,950.62

**Total Furniture,Fixtures, Equipment** 80,659.64

**Land-Escondido (1002 E Grand)** 200,000.00

**Land-Fallbrook** 35,814.00

**Land-Vista** 112,200.00

**Total Land - Escondido (N. Cedar)** 122,574.65

**Total Fixed Assets** 1,275,605.66

**Other Assets**

**Loan Fees** 9,229.88

**SD Comm Foundation - Endowment** 71,600.76

**Security Deposit** 200.00

**Total Other Assets** 81,030.64

**TOTAL ASSETS** **2,558,490.47**

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

**Total Accounts Payable** 1,042.20

**Total Credit Cards** 1,276.49

**Other Current Liabilities**

**Clearing** 463.17

**Total Payroll Liabilities** 157,868.02

**Unearned Grant Revenue** 54,284.23

**Total Other Current Liabilities** 212,615.42

**Total Current Liabilities** 214,934.11

**Long Term Liabilities**

**First Republic Bank - Esc Bldg** 314,874.62

**Total Long Term Liabilities** 314,874.62

**Total Liabilities** 529,808.73

**Equity**

**Restricted Funds-Trust Account** 58,823.56

**Retained Earnings** 139,858.05

**Temporarily Restricted** 1,000.00

**Unrestricted-Operations** 1,484,814.76

**Unrestricted - Designated Funds** 353,507.02

**Net Income** (9,321.65)

**Total Equity** 2,028,681.74

**TOTAL LIABILITIES & EQUITY** **2,558,490.47**

**INDEPENDENT AUDITOR'S REPORT AND  
FINANCIAL STATEMENTS  
OF  
PALOMAR FAMILY COUNSELING SERVICE, INC.  
JUNE 30, 2021 AND 2020**

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
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**JUNE 30, 2021 AND 2020**

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# Covell, Jani & Pasch LLP



CERTIFIED PUBLIC ACCOUNTANTS

## Independent Auditor's Report

To the Board of Directors of  
Palomar Family Counseling Service, Inc.  
Escondido, California

We have audited the accompanying financial statements of Palomar Family Counseling Service, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Palomar Family Counseling Service, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Covell, Jani & Pasch LLP*

Escondido, California  
March 24, 2022

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**JUNE 30, 2021 AND 2020**

|   | <b>2021</b>         | <b>2020</b>         |
|---|---------------------|---------------------|
| <b>ASSETS</b>                           |                     |                     |
| Current Assets                          |                     |                     |
| Cash and cash equivalents               | \$ 619,884          | \$ 1,159,752        |
| Accounts receivable                     | 638,956             | 428,621             |
| Prepaid expenses                        | 1,857               | 2,900               |
| <b>TOTAL CURRENT ASSETS</b>             | <b>1,260,697</b>    | <b>1,591,273</b>    |
| Property and equipment, net             | 1,275,608           | 1,263,431           |
| Other Assets                            |                     |                     |
| Investment, endowment (restricted)      | 72,955              | 58,824              |
| Deferred loan cost, net                 | 9,230               | 4,342               |
| Refundable deposits                     | 200                 | 200                 |
| <b>TOTAL OTHER ASSETS</b>               | <b>82,385</b>       | <b>63,366</b>       |
| <b>TOTAL ASSETS</b>                     | <b>\$ 2,618,690</b> | <b>\$ 2,918,070</b> |
| <b>LIABILITIES AND NET ASSETS</b>       |                     |                     |
| Current Liabilities                     |                     |                     |
| Accounts payable                        | \$ 8,228            | \$ 5,979            |
| Refundable advance                      | -                   | 442,324             |
| Accrued payroll liabilities             | 152,785             | 135,697             |
| Long-term debt, current portion         | 18,585              | 21,604              |
| <b>TOTAL CURRENT LIABILITIES</b>        | <b>179,598</b>      | <b>605,604</b>      |
| Long-term Liabilities                   |                     |                     |
| Long-term debt, noncurrent portion      | 314,704             | 327,937             |
| <b>TOTAL LONG-TERM LIABILITIES</b>      | <b>314,704</b>      | <b>327,937</b>      |
| <b>TOTAL LIABILITIES</b>                | <b>494,302</b>      | <b>933,541</b>      |
| Net Assets                              |                     |                     |
| Without donor restrictions              | 1,964,051           | 1,924,706           |
| With donor restrictions                 | 160,337             | 59,823              |
| <b>TOTAL NET ASSETS</b>                 | <b>2,124,388</b>    | <b>1,984,529</b>    |
| <b>TOTAL LIABILITIES AND NET ASSETS</b> | <b>\$ 2,618,690</b> | <b>\$ 2,918,070</b> |

See independent auditor's report and notes to financial statements

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**STATEMENTS OF ACTIVITIES**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

|  | <b>Year Ended June 30, 2021</b>       |                                    |                     |
|--|---------------------------------------|------------------------------------|---------------------|
|  | <b>Without Donor<br/>Restrictions</b> | <b>With Donor<br/>Restrictions</b> | <b>Total</b>        |
| <b>Revenue and Support</b>                         |                                       |                                    |                     |
| Contract service revenue                           | \$ 3,171,705                          | \$ 182,677                         | \$ 3,354,382        |
| Counseling service revenue                         | 561,151                               | -                                  | 561,151             |
| Grant revenue                                      | 348,921                               | -                                  | 348,921             |
| Donations  | 11,258                                | -                                  | 11,258              |
| Interest and other income                          | 4,980                                 | -                                  | 4,980               |
| Unrealized gain (loss) on investments              | -                                     | 14,132                             | 14,132              |
| <b>Total Revenue and Support</b>                   | <b>4,098,015</b>                      | <b>196,809</b>                     | <b>4,294,824</b>    |
| <b>Net Assets Released from Restrictions</b>       |                                       |                                    |                     |
| Contract service revenue                           | 96,295                                | (96,295)                           | -                   |
| <b>Total Net Assets Released from Restrictions</b> | <b>96,295</b>                         | <b>(96,295)</b>                    | <b>-</b>            |
|  | <u>4,194,310</u>                      | <u>100,514</u>                     | <u>4,294,824</u>    |
| <b>Costs and Expenses</b>                          |                                       |                                    |                     |
| Program services                                   | 3,494,817                             | -                                  | 3,494,817           |
| General and administrative                         | 660,148                               | -                                  | 660,148             |
| <b>Total Costs and Expenses</b>                    | <b>4,154,965</b>                      | <b>-</b>                           | <b>4,154,965</b>    |
| <b>Change in Net Assets</b>                        | <b>39,345</b>                         | <b>100,514</b>                     | <b>139,859</b>      |
| <b>Net assets at Beginning of Year</b>             | <b>1,924,706</b>                      | <b>59,823</b>                      | <b>1,984,529</b>    |
| <b>NET ASSETS AT END OF YEAR</b>                   | <b>\$ 1,964,051</b>                   | <b>\$ 160,337</b>                  | <b>\$ 2,124,388</b> |
|  | <u>4,194,310</u>                      | <u>100,514</u>                     | <u>4,294,824</u>    |
|  | <u>4,154,965</u>                      | <u>-</u>                           | <u>4,154,965</u>    |
|  | <u>1,924,706</u>                      | <u>59,823</u>                      | <u>1,984,529</u>    |
|  | <u>\$ 1,964,051</u>                   | <u>\$ 160,337</u>                  | <u>\$ 2,124,388</u> |
|  | <u>3,994,177</u>                      | <u>(2,129)</u>                     | <u>3,992,048</u>    |
|  | <u>3,997,572</u>                      | <u>(5,524)</u>                     | <u>3,992,048</u>    |
|  | <u>3,893,279</u>                      | <u>-</u>                           | <u>3,893,279</u>    |
|  | <u>104,293</u>                        | <u>(5,524)</u>                     | <u>98,769</u>       |
|  | <u>1,820,413</u>                      | <u>65,347</u>                      | <u>1,885,760</u>    |
| <b>NET ASSETS AT END OF YEAR</b>                   | <b>\$ 1,924,706</b>                   | <b>\$ 59,823</b>                   | <b>\$ 1,984,529</b> |

See independent auditor's report and notes to financial statements

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2021**

|  | <u>Program<br/>Services</u> | <u>General and<br/>Administrative</u> | <u>Total</u>        |
|--|-----------------------------|---------------------------------------|---------------------|
| <b>Wages and Employee Benefits</b>       |                             |                                       |                     |
| Salaries                                 | \$ 2,477,741                | \$ 397,669                            | \$ 2,875,410        |
| Payroll taxes                            | 218,426                     | 35,057                                | 253,483             |
| Health insurance                         | 170,495                     | 27,364                                | 197,859             |
| Worker compensation                      | 16,244                      | 2,607                                 | 18,851              |
| Life AD&D and LTD                        | 3,338                       | 536                                   | 3,874               |
| Vacation benefits                        | 112,379                     | 18,037                                | 130,416             |
| Retirement benefit matching              | 46,612                      | 7,481                                 | 54,093              |
| <b>Total Wages and Employee Benefits</b> | <u>3,045,235</u>            | <u>488,751</u>                        | <u>3,533,986</u>    |
| <b>Other Expenses</b>                    |                             |                                       |                     |
| Advertising                              | 3,723                       | 597                                   | 4,320               |
| Bank charges                             | 3,131                       | 502                                   | 3,633               |
| Board and employee events                | -                           | 3,984                                 | 3,984               |
| Consulting and contract services         | 171,721                     | 10,843                                | 182,564             |
| Depreciation and amortization            | -                           | 62,663                                | 62,663              |
| Dues and subscriptions                   | -                           | 5,011                                 | 5,011               |
| Employee longevity awards                | 928                         | -                                     | 928                 |
| Fingerprinting, TB, immunization         | 1,735                       | 270                                   | 2,005               |
| Gift cards                               | 1,200                       | 2,000                                 | 3,200               |
| Insurance                                | 26,904                      | 4,318                                 | 31,222              |
| Interest                                 | -                           | 12,020                                | 12,020              |
| IT services                              | 18,927                      | 3,038                                 | 21,965              |
| Legal and accounting                     | 9,586                       | 1,789                                 | 11,375              |
| Maintenance                              | 37,865                      | 6,077                                 | 43,942              |
| Office equipment lease                   | 19,014                      | 3,052                                 | 22,066              |
| Office supplies                          | 30,158                      | 4,840                                 | 34,998              |
| Payroll service fees                     | 13,130                      | 2,107                                 | 15,237              |
| Postage                                  | 2,631                       | 422                                   | 3,053               |
| Printing                                 | 6,457                       | 2,037                                 | 8,494               |
| Program supplies                         | 12,343                      | 1,301                                 | 13,644              |
| Relief fund                              | -                           | 12,240                                | 12,240              |
| Rent-archives                            | -                           | 4,683                                 | 4,683               |
| Rent-Escondido                           | -                           | 3,000                                 | 3,000               |
| Rent-Poway                               | -                           | 2,600                                 | 2,600               |
| Taxes and license fees                   | -                           | 4,411                                 | 4,411               |
| Telephone                                | 53,416                      | 8,573                                 | 61,989              |
| Training meetings                        | 1,115                       | 3,305                                 | 4,420               |
| Travel                                   | 8,018                       | 1,287                                 | 9,305               |
| Utilities                                | 27,580                      | 4,427                                 | 32,007              |
| <b>Total Other Expenses</b>              | <u>449,582</u>              | <u>171,397</u>                        | <u>620,979</u>      |
|  | <u>\$ 3,494,817</u>         | <u>\$ 660,148</u>                     | <u>\$ 4,154,965</u> |

See independent auditor's report and notes to financial statements

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2020**

|  | <u>Program<br/>Services</u> | <u>General and<br/>Administrative</u> | <u>Total</u>        |
|--|-----------------------------|---------------------------------------|---------------------|
| <b>Wages and Employee Benefits</b>       |                             |                                       |                     |
| Salaries                                 | \$ 2,303,361                | \$ 415,431                            | \$ 2,718,792        |
| Payroll taxes                            | 204,375                     | 36,861                                | 241,236             |
| Health insurance                         | 155,104                     | 27,974                                | 183,078             |
| Worker compensation                      | 15,672                      | 2,827                                 | 18,499              |
| Life AD&D and LTD                        | 3,006                       | 542                                   | 3,548               |
| Vacation benefits                        | 96,610                      | 17,424                                | 114,034             |
| Retirement benefit matching              | 38,994                      | 7,033                                 | 46,027              |
| <b>Total Wages and Employee Benefits</b> | <u>2,817,122</u>            | <u>508,092</u>                        | <u>3,325,214</u>    |
| <b>Other Expenses</b>                    |                             |                                       |                     |
| Advertising                              | 5,296                       | 955                                   | 6,251               |
| Bank charges                             | 1,612                       | 291                                   | 1,903               |
| Board and employee events                | -                           | 3,586                                 | 3,586               |
| Consulting and contract services         | 100,650                     | 1,166                                 | 101,816             |
| Depreciation and amortization            | -                           | 48,372                                | 48,372              |
| Dues and subscriptions                   | 2,350                       | 424                                   | 2,774               |
| Fingerprinting, TB, Immunization         | 1,834                       | 331                                   | 2,165               |
| Gift cards                               | 1,200                       | -                                     | 1,200               |
| Insurance                                | 23,811                      | 4,295                                 | 28,106              |
| Interest                                 | -                           | 15,620                                | 15,620              |
| IT services                              | 19,820                      | 3,575                                 | 23,395              |
| Legal and accounting                     | 9,129                       | 1,646                                 | 10,775              |
| Maintenance                              | 55,398                      | 9,992                                 | 65,390              |
| Office equipment lease                   | 24,547                      | 4,427                                 | 28,974              |
| Office supplies                          | 34,003                      | 6,133                                 | 40,136              |
| Payroll service fees                     | 16,162                      | 2,915                                 | 19,077              |
| Postage                                  | 1,869                       | 337                                   | 2,206               |
| Printing                                 | 6,317                       | 1,139                                 | 7,456               |
| Program supplies                         | 18,903                      | -                                     | 18,903              |
| Rent-archives                            | 4,014                       | 724                                   | 4,738               |
| Rent-Escondido                           | -                           | 3,000                                 | 3,000               |
| Rent-Poway                               | 3,939                       | 711                                   | 4,650               |
| Taxes and license fees                   | 3,614                       | 652                                   | 4,266               |
| Telephone                                | 46,039                      | 8,303                                 | 54,342              |
| Training meetings                        | 11,456                      | 2,066                                 | 13,522              |
| Travel                                   | 18,419                      | 3,322                                 | 21,741              |
| Utilities                                | 28,551                      | 5,150                                 | 33,701              |
| <b>Total Other Expenses</b>              | <u>438,933</u>              | <u>129,132</u>                        | <u>568,065</u>      |
| <b>Total Expenses</b>                    | <u>\$ 3,256,055</u>         | <u>\$ 637,224</u>                     | <u>\$ 3,893,279</u> |

See independent auditor's report and notes to financial statements



**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

|   | <b>2021</b>       | <b>2020</b>         |
|---|-------------------|---------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>                                     |                   |                     |
| Change in net assets  | \$ 139,859        | \$ 98,769           |
| Adjustments to reconcile change in net assets provided by operating activities: |                   |                     |
| Unrealized (gain) loss on investments   | (14,132)          | 2,129               |
| Depreciation and amortization   | 62,663            | 48,372              |
| (Increase) decrease in operating assets:  |                   |                     |
| Accounts receivable   | (210,335)         | 32,722              |
| Prepaid expense   | 1,043             | (782)               |
| Other current assets  | -                 | 1,450               |
| Increase (decrease) in operating liabilities:                                   |                   |                     |
| Accounts payable  | 2,249             | (2,921)             |
| Accrued liabilities   | (442,324)         | 442,324             |
| Accrued payroll expense   | 17,089            | 25,616              |
| Total adjustments   | (583,747)         | 548,910             |
| Net cash provided by operating activities                                       | (443,888)         | 647,679             |
| <b>CASH FLOW FROM INVESTING ACTIVITIES</b>                                      |                   |                     |
| Purchase of property and equipment  | (73,923)          | (131,257)           |
| Net cash used in investing activities   | (73,923)          | (131,257)           |
| <b>CASH FLOW FROM FINANCING ACTIVITIES</b>                                      |                   |                     |
| Cash paid on loan fees  | (5,805)           | -                   |
| Cash paid on long-term debt   | (16,252)          | (20,639)            |
| Net cash provided by financing activities                                       | (22,057)          | (20,639)            |
| NET INCREASE (DECREASE) IN CASH   | (539,868)         | 495,783             |
| CASH AND EQUIVALENTS, BEGINNING OF YEAR   | 1,159,752         | 663,969             |
| <b>CASH AND EQUIVALENTS, END OF YEAR</b>  | <b>\$ 619,884</b> | <b>\$ 1,159,752</b> |
| <b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION</b>                         |                   |                     |
| <b>CASH PAID DURING THE YEAR FOR:</b>   |                   |                     |
| Interest expense  | \$ 12,020         | \$ 15,620           |

See independent auditor's report and notes to financial statements

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**A. ORGANIZATION**

Palomar Family Counseling Service, Inc. is a California not-for-profit public benefit corporation (the "Organization") that provides a variety of mental health services at its offices in Escondido, Vista, Fallbrook, Poway, and on-site at public schools, preschool centers, and youth activity organizations across North San Diego County.

The mission of the Organization is to support and strengthen children, youth, adults, families, schools and communities. The agency mission is expressed through the provision of a full range of comprehensive and integrated services that include prevention, education, early intervention, assessment, individual and family counseling, crisis response, and professional training. To implement its mission, the Organization has structured activities in four main areas. These four areas are comprised of mental health assessment and treatment services, community site-based outreach services, prevention and education programs, and court ordered treatment services.

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Adoption of New Accounting Standard

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The ASU and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in U.S. GAAP. The ASU also required expanded disclosures relating to the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers.

In June 2018, the FASB issued ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The standard clarified and improved current guidance by providing criteria for determining whether a nonprofit is receiving commensurate value in return for the resources transferred. The outcome of the analysis determines whether the contract or grant constitutes either a contribution or an exchange transaction (i.e., Topic 606). The guidance also provides a more robust framework for determining whether a contribution is conditional or unconditional, and for distinguishing a donor-imposed condition from a donor-imposed restriction. As a result, not-for-profit entities are to account for most grants as donor-restricted conditional contributions rather than as exchange transactions because the customer does not receive commensurate value for the consideration received by the Organization; rather, the purpose of these arrangements is for the benefit of the general public. Therefore, management concluded that the agreements are conditional due to rights of return/release and barriers to entitlement to funds. Revenue is recognized when the condition is satisfied. Because the nature of conditions is either based on incurring qualifying expenses or satisfying a milestone or other deliverable, the pattern of revenue recognition remained consistent with previous years. ASU 2018-08 was adopted by the Organization for the year ended June 30, 2020 and under the prospective approach, has determined that there was no material change in the revenue recognition for grants and contracts.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Basis of Accounting

The Organization's accounting records and the accompanying financial statements are prepared on the accrual basis in accordance with generally accepted accounting principles (GAAP), whereby all revenue is recognized when earned rather than received and expenses are recognized when incurred rather than when paid, and accordingly, reflect all significant receivables, payables and other liabilities.

Financial Statement Presentation

The financial statements are presented in accordance with the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Non-For-Profit Entities*. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to two classes of net assets:

**Net assets without donor restriction:** net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's Board of Directors.

**Net assets with donor restriction:** net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

Cash and Cash Equivalents

The Organization considers instruments purchased with a fixed maturity date of three months or less to be cash equivalents for the purposes of the statement of cash flows.

Accounts Receivable

Accounts receivable consist of balances due for services provided pursuant to written and verbal contracts with various public and private agencies. The Organization evaluates the collectability of receivables on a regular and ongoing basis and they are written off when they are determined to be uncollectible. Management considers all accounts receivable to be collectible and no allowance for doubtful accounts has been provided as of June 30, 2021 and 2020.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Use of Estimates

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

Property and Equipment

Acquisitions of property and equipment of \$1,000 or more are capitalized. Property and equipment are stated at cost, or, if donated, at the approximate fair market value at the date of donation. Expenditures for maintenance, repairs, and improvements, which do not materially extend the useful lives of the assets, are charged to operations in the periods incurred. Equipment purchased as part of and with grant or contract funds is generally expensed during the grant or contract period. Depreciation is provided on the straight-line method over the estimated useful lives of the assets as follows:

| <u>Asset</u>                      | <u>Life</u>     |
|-----------------------------------|-----------------|
| Buildings and improvements        | 5 - 40 years    |
| Furniture, fixtures and equipment | 5 - 10 years    |
| Land                              | Not depreciated |

Impairment of Long-Lived Assets

The Organization evaluates long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. If the estimated future cash flows (undiscounted and without interest charges) from the use of an asset are less than the carrying value, a write-down would be recorded to reduce the related asset to its estimated fair value.

Income Tax

The Organization is a not-for-profit public benefit corporation exempt from income tax under Section 501(c)(3) organization of the Internal Revenue Code and Section 23701(d) of the California State Revenue and Taxation Code, except for unrelated business activities or unrelated business income. During the years ended June 30, 2021 and 2020, there were no unrelated business activities or unrelated business income.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions.

Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. When restrictions are satisfied in the same accounting period that the contribution is received, both the revenue and the related expense are reported in the unrestricted net asset class.

Contributed Goods and Services

The Organization records contributed goods and services when received at estimated fair market value. No amounts for contributed goods and services have been reflected in the financial statements for the years ended June 30, 2021 and 2020.

Functional Allocation of Expenses

The costs of providing program services have been summarized on a functional basis in the Statement of Functional Expenses. Based on estimates made by management, costs based on contract guidelines have been allocated between program services and general and administrative expenses at 86.17% and 13.83%, respectively, for the year ended June 30, 2021 and 84.72% and 15.28%, respectively, for the year ended June 30, 2020.

Advertising

The Organization expenses advertising costs as they are incurred. The total advertising expense for the years ended June 30, 2021 and 2020 was \$4,320 and \$6,251, respectively.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**C. AVAILABILITY AND LIQUIDITY**

The following represents the Organization's financial assets as of June 30, 2021, reduced by amounts not available for general use because of donor-imposed restrictions within one year of the statement of financial position date.

|   |                   |
|---|-------------------|
| Financial assets at year-end:   |                   |
| Cash and cash equivalents   | \$ 619,884        |
| Investment  | <u>72,955</u>     |
| Total financial assets  | 692,839           |
| Less amounts not available to be used within one year:                              |                   |
| Investment endowment  | (72,955)          |
| Restricted by donor with purpose restrictions                                       | <u>-</u>          |
| Financial assets available to meet general expenditures over the next twelve months | <u>\$ 619,884</u> |

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program activities as well as the conduct of services undertaken to support those activities to be general expenditures.

**D. CASH FLOW INFORMATION**

The Organization did not have any non-cash financing transactions for the years ended June 30, 2021 and 2020.

**E. INVESTMENTS**

The Organization accounts for its investments with a readily determinable market value by recording and reporting those investments at fair market value.

*Endowment Funds:* The Organization's endowment fund consists of a permanently restricted endowment as referenced in Note K. The fund is valued based on the determinable fair market value of securities included. Gains and losses are included in the statement of activities in the with donor restrictions column.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**F. PROPERTY AND EQUIPMENT**

The following is a summary of property and equipment at June 30:

|                                   | <u>2021</u>         | <u>2020</u>         |
|-----------------------------------|---------------------|---------------------|
| Buildings and improvements        | \$ 1,487,190        | \$ 1,478,812        |
| Furniture, fixtures and equipment | 185,369             | 119,825             |
| Land                              | <u>470,589</u>      | <u>470,589</u>      |
|                                   | 2,143,148           | 2,069,226           |
| Less: accumulated depreciation    | <u>(867,540)</u>    | <u>(805,795)</u>    |
|                                   | <u>\$ 1,275,608</u> | <u>\$ 1,263,431</u> |

Depreciation expense for the years ended June 30, 2021 and 2020 was \$61,746 and \$47,793.

**G. DEFERRED LOAN COST**

Deferred loan cost consists of the following at June 30:

|                                | <u>2021</u>     | <u>2020</u>     |
|--------------------------------|-----------------|-----------------|
| Loan closing costs             | \$ 19,347       | \$ 13,541       |
| Less: accumulated amortization | <u>(10,117)</u> | <u>(9,199)</u>  |
|                                | <u>\$ 9,230</u> | <u>\$ 4,342</u> |

Loan closing costs are being amortized over 10 years using the straight-line method of accounting (term of the related loan agreement). During the years ended June 30, 2021 and 2020, amortization expense was \$917 and \$579, respectively.

**H. LINE OF CREDIT**

The Organization had a line of credit with First Republic Bank in the amount of \$200,000 at the U.S. Prime rate plus .50% per annum. Calculated interest was payable monthly. The line was collateralized by the Organization's assets. The line of credit expired December 19, 2021. On December 3, 2021, the line was renewed under the same terms until December 19, 2022. No balance was outstanding under the line of credit as of June 30, 2021 and 2020.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**I. LONG-TERM DEBT**

Long-term debt consists of the following at June 30:

|   | <u>2021</u>       | <u>2020</u>       |
|---|-------------------|-------------------|
| Note payable to the bank in monthly installments of \$3,022 including interest at 4.25% maturing December 2027, with a lump payment of \$165,837. Secured by real property. The loan was refinanced in December 2020. | \$ -              | \$ 349,541        |
| Note payable to the bank in monthly installments of \$2,388 including interest at 3.10% maturing December 2030, with a lump payment of \$133,491. Secured by real property.   | <u>\$ 333,289</u> | <u>\$ -</u>       |
| Total long-term debt  | 333,289           | 349,541           |
| Less: current portion   | <u>(18,585)</u>   | <u>(21,604)</u>   |
| Noncurrent portion  | <u>\$ 314,704</u> | <u>\$ 327,937</u> |

Annual maturities of long-term debt outstanding at June 30, 2021 are as follows:

|                         |                   |
|-------------------------|-------------------|
| 2022                    | \$ 18,585         |
| 2023                    | 19,169            |
| 2024                    | 19,772            |
| 2025                    | 20,394            |
| 2026                    | 21,035            |
| 2027 and thereafter     | <u>234,334</u>    |
| Total annual maturities | <u>\$ 333,289</u> |

The loan agreement includes provisions that the Organization maintain an unrestricted EBIDA annually of not less than negative \$25,000 and unencumbered liquid assets of not less than \$250,000. As of June 30, 2021 and 2020, the Organization was in compliance with the loan covenants.

The total approximate book value of the collateralized real property was approximately \$126,668 and \$135,304 at June 30, 2021 and 2020, respectively.

**J. CONCENTRATIONS OF CREDIT RISK**

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash deposits and investment securities in bank and financial institutions. The Organization maintains cash and cash equivalents and short and long-term investments with major banks and financial institutions. Accounts at banks are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 at each institution. The Organization had balances of \$497,597 and \$1,028,344 in excess of the FDIC coverage for the years ended June 30, 2021 and 2020, respectively.



**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**K. RESTRICTED NET ASSETS**

Changes in restricted net assets for the year ended June 30, 2021 are as follows:

| <u>Purpose restrictions</u>        | <u>2020</u>     | <u>Additions</u>  | <u>Released</u>    | <u>2021</u>      |
|------------------------------------|-----------------|-------------------|--------------------|------------------|
| City of Poway                      | \$ 1,000        | \$ 1,000          | \$ (1,000)         | \$ 1,000         |
| CARES Act Provider Relief Fund     | -               | 73,843            | (47,000)           | 26,843           |
| Neighborhood Reinvestment Prog     | -               | 50,000            | (19,728)           | 30,272           |
| Escondido clients and families     | -               | 20,000            | (14,240)           | 5,760            |
| Teen Life Skills                   | -               | 15,574            | (14,327)           | 1,247            |
| Grandparents Raising Grandchildren | -               | 11,000            | -                  | 11,000           |
| Telehealth Svcs                    | -               | 10,000            | -                  | 10,000           |
| Docusign purchase                  | -               | 1,260             | -                  | 1,260            |
| Total temporarily restricted       | <u>\$ 1,000</u> | <u>\$ 182,677</u> | <u>\$ (96,295)</u> | <u>\$ 87,382</u> |

Changes in restricted net assets for the year ended June 30, 2020 are as follows:

| <u>Purpose restrictions</u>    | <u>2019</u>     | <u>Additions</u> | <u>Released</u>   | <u>2020</u>     |
|--------------------------------|-----------------|------------------|-------------------|-----------------|
| City of Poway                  | \$ 4,000        | \$ -             | \$ (3,000)        | \$ 1,000        |
| S.D. Employees Charitable Org. | 395             | -                | (395)             | -               |
| Total temporarily restricted   | <u>\$ 4,395</u> | <u>\$ -</u>      | <u>\$ (3,395)</u> | <u>\$ 1,000</u> |

**Permanently Restricted**

A contribution totaling \$225,000 was received on June 13, 1997, in the form of a bequest from Mr. Ernest Allen, who requested the funds be used for programs in Escondido and Valley Center, California. The original contribution was recognized as \$50,000 being permanently restricted and the remaining \$175,000 temporarily restricted.

The permanently restricted Allen Bequest Endowment Fund was established by the Organization in honor of Mr. Allen and is currently held by the San Diego Foundation.

Changes in endowment net assets as of June 30, 2021 are as follows:

|                        |                  |
|------------------------|------------------|
| Value at June 30, 2020 | \$ 58,823        |
| Change in net assets   | <u>14,132</u>    |
| Value at June 30, 2021 | <u>\$ 72,955</u> |

Changes in endowment net assets as of June 30, 2020 are as follows:

|                        |                  |
|------------------------|------------------|
| Value at June 30, 2019 | \$ 60,953        |
| Change in net assets   | <u>(2,129)</u>   |
| Value at June 30, 2020 | <u>\$ 58,824</u> |

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**K. RESTRICTED NET ASSETS (CONTINUED)**

Net assets with donor restrictions consist of the following at June 30:

|                        | <u>2021</u>       | <u>2020</u>      |
|------------------------|-------------------|------------------|
| Temporarily restricted | \$ 87,382         | \$ 1,000         |
| Permanently restricted | <u>72,955</u>     | <u>58,823</u>    |
|                        | <u>\$ 160,337</u> | <u>\$ 59,823</u> |

**L. CONTRACT SERVICE REVENUE**

Similarly to contributions, contract service revenue and the related program services expenses are classified as unrestricted net assets since the restrictions are satisfied in the same accounting period that the revenue is received.

**Public Contracts** -The Organization had the following contracts for the years ended June 30, 2021 and 2020:

San Diego County – Childnet CSED: contract with the San Diego County Department of Mental Health and Human Services to provide mental outpatient services and other developmentally appropriate clinical interventions to seriously emotionally disturbed (SED) children age birth through five years and their families. Initial grant contract terms covered a one-year period with an additional six-year extension through June 30, 2021. Award amounts totaled \$468,590 and \$468,590 for the years ended June 30, 2021 and 2020. Total payments received were \$447,578 and \$432,957 for the years ended June 30, 2021 and 2020, respectively.

San Diego County – Full Service Partnership: contract with the San Diego County Department of Health and Human Services to provide a certified outpatient behavioral health program and provide a full range of Title 9 out-patient diagnostic and treatment services for children, adolescents, and young adults up to age 21 who are seriously emotionally disturbed. The program in its entirety is a Full Service Partnership (FSP) model that offers integrated services with an emphasis on whole person wellness and promotes access to medical, social, rehabilitative, and other community services and supports needed. Initial grant contract terms covered a one-year period with an additional four year extension through June 30, 2024. Award amounts totaled \$1,470,343 and \$1,617,377 for the years ended June 30, 2021 and 2020, respectively. Total payments received were \$1,403,515 and \$1,370,424 for the years ended June 30, 2021 and 2020, respectively.

The Organization requested and received startup/refresh funding in the amount of \$147,032 for repairs and maintenance, small equipment, office supplies and staff development and training for the year ended June 30, 2020.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**L. CONTRACT SERVICE REVENUE (CONTINUED)**

San Diego County – North Coastal Prevention & Early Intervention: contract with the San Diego County Department of Health and Human Services to provide social-emotional health evidence-based prevention and early intervention (PEI) services for preschool and elementary school age children at public schools in the Oceanside and Vista Unified School Districts. The contract terms were for July 1 through June 30 of each fiscal year. Award amounts totaled \$692,258 and \$692,258 for the years ended June 30, 2021 and 2020, respectively. Total payments received were \$619,529 and \$692,258 for the years ended June 30, 2021 and 2020, respectively.

The contract was awarded extra funds during the year for CARES ACT “Out & About San Diego” in the amount of \$88,286 and for CARES Act IT Equipment in the amount of \$15,737.

San Diego County – CARES Act IT Equipment: contract with the San Diego County Department of Health and Human Services to provide funding for purchase of IT equipment and were used for the above three contracts. The contract term was for September 15 through November 30, 2020. The amount awarded and received for the year ended June 30, 2021, was \$71,156. The amount spent as of June 30, 2021, was \$59,771.

San Diego County – Neighborhood Reinvestment Program: contract with the San Diego County Board of Supervisors Dist 3 to help purchase computers, tablets, cloud-based electronic health record system, update facility swing doors, and purchase portable tabletop/partition acrylic guards. The contract term was for October 13, 2020 through November 13, 2021. The amount awarded and received for the year ended June 30, 2021 was \$35,000. The amount spent as of June 30, 2021 was \$19,728.

San Diego County – Neighborhood Reinvestment Program: contract with the San Diego County Board of Supervisors Dist 5 to help with the purchase of equipment such as acrylic guards, computers, tablets, and electronic health record system, and to update accessibility of their facility with automobile swing doors. The contract term was for April 6, 2021 through May 6, 2022. The amount awarded and received for the year ended June 30, 2021 was \$15,000. As of June 30, 2021, none of the funds have been used.

The county contracts listed above are funded through federal funding. However, they are exempt from single or program specific audits that are required for non-federal entities that expend \$750,000 or more in accordance with the U.S. Office of Management and Budget (OMB) Circular A-133.

Health Resources and Services Administration: contract with the Health Resources and Services Administration to reimburse eligible healthcare providers for healthcare related expense or lost revenues attributable to the coronavirus. The contract term was January 2020 to June 2021. The amount awarded and received for the year ended June 30, 2021, was \$73,843. The amount spent as of June 30, 2021, was \$47,000.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**L. CONTRACT SERVICE REVENUE (CONTINUED)**

Healthy Bodies, Healthy Minds: contract with the Fallbrook Regional Health District to provide the Healthy Bodies, Healthy Minds program to the district community. The contract terms were for July 1 through June 30 of each fiscal year. Award amounts totaled \$66,581 and \$67,423 for the years ended June 30, 2021 and 2020, respectively. Total payments received were \$66,581 and \$67,423 for the years ended June 30, 2021 and 2020, respectively.

Grandparents Raising Grandchildren: contract with the Fallbrook Regional Health District to provide the Grandparents Raising Grandchildren program to the district community. The contract term was for July 1, 2020 through June 30, 2021. Award amounts totaled \$37,252 and \$0 for the years ended June 30, 2021 and 2020, respectively. Total payments received were \$37,252 and \$0 for the years ended June 30, 2021 and 2020, respectively.

The three contracts listed above are not provided from federal funds, so are not subject to the audit requirements of the U.S. Office of Management and Budget Circular A-133.

Vista CDGB-YRD: contract with the City of Vista to provide counseling and case management services to low-income at-risk youth, children and their families. The contract terms were for July 1 through June 30 of each fiscal year. Award amounts totaled \$10,000 and \$14,300 for the years ended June 30, 2021 and 2020, respectively. Total payments received were \$10,000 and \$14,300 for the years ended June 30, 2021 and 2020, respectively.

The contract listed above is provided from federal funds, but is under the audit requirement threshold of the U.S. Office of Management and Budget Circular A-133.

The Fallbrook and Vista contracts referenced above are subject to bidding and funding annually and biannually, respectively. The San Diego County contracts are renewed annually.

**Project Fees** - The Organization also obtained funding under various project fee contracts totaling \$477,724 and \$539,981 for the years ended June 30, 2021 and 2020, respectively. The project fee contracts are principally provided to various public and private school districts in the surrounding San Diego County area to provide family counseling and mental health services. Contracts are generally awarded annually by the school districts to the Organization. Individual school district project fee contracts are renewed annually.

None of the project fee contracts are subject to the audit requirements of the U.S. Office of Management and Budget Circular A-133.

**M. REVENUE CONCENTRATION**

The Organization receives revenue for several contracts from San Diego County, which provided \$2,574,645, or approximately 60% of the Organization's total revenue for the year ended June 30, 2021. Accounts receivable from San Diego County was \$571,233 at June 30, 2021.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**N. RETIREMENT PLANS**

The Organization offers a voluntary 403(b) savings plan for management employees qualified under Internal Revenue Code Section 403(b) and a tax deferred annuity for non-management employees. The Organization paid \$54,093 and \$46,027 in matching employee contributions for eligible participants in the 403(b) plan for the years ended June 30, 2021 and 2020, respectively.

**O. OPERATING LEASE ARRANGEMENTS**

The Organization had a lease agreement with an unrelated party for its office in Poway, California for \$1,450 per month, that expired in July 2018. The Organization paid rent at this location on a month-to-month basis through July 2019, at which time the Organization began using a new location in Poway. Total rent expense for the years ended June 30, 2021 and 2020 was \$0 and \$250, respectively.

A facility use agreement was signed with an unrelated party effective August 1, 2019 at a new location in Poway for \$400 per month, expiring July 31, 2020 with an annual option to renew. The lease was renewed on a month to month basis for \$200 per month. Total rent expense for the years ended June 30, 2021 and 2020 was \$2,600 and \$4,400, respectively.

The Organization has a lease agreement for garage storage with an unrelated party through December 2019 for \$250 per month. The lease was renewed on the same terms through December 2021. Total rent expense for the years ended June 30, 2021 and 2020 was \$3,000 and \$3,000, respectively.

The Organization also pays for records storage and shredding. Total expense for these services for the years ended June 30, 2021 and 2020 was \$4,683 and \$4,738, respectively.

The Organization leases copy machines from an unrelated party under a five year lease agreement that expires October 2025. The lease had a monthly payment of \$2,198 which increased to \$2,357 on January 2022. Operating lease expense for this lease for the years ended June 30, 2021 and 2020 was \$20,005 and \$26,957, respectively.

The Organization leases copy machines from an unrelated party under a five year lease agreement that expires April 2024. The lease had a monthly payment of \$169. Operating lease expense for this lease for the years ended June 30, 2021 and 2020 was \$2,061 and \$2,017, respectively.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**O. OPERATING LEASE ARRANGEMENTS (CONTINUED)**

The future minimum rental commitments under the above leases are as follows at June 30:

|                     |    |            |
|---------------------|----|------------|
| 2022                | \$ | 30,307     |
| 2023                |    | 30,307     |
| 2024                |    | 29,969     |
| 2025                |    | 28,282     |
| 2026                |    | 9,427      |
| 2027 and thereafter |    | -          |
|                     |    | \$ 128,292 |

**P. COVID-19 PANDEMIC**

During March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Organization’s financial condition, liquidity, and future results of operations. Management is actively monitoring the global situation on its financial condition, liquidity, operations, suppliers, industry, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Organization is not able to estimate the effects of the COVID-19 outbreak on its results of operations, financial condition, or liquidity for fiscal year 2022.

With the outbreak, the people and communities served by the non-profit industry have experienced an increased demand for assistance. The Organization, while complying with government mandates, is partnering with many state and local officials to continue to serve the people during the crisis.

**Q. CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT/ADOPTION OF ACCOUNTING POLICY**

PPP loan

The Paycheck Protection Program (“PPP”) was established as part of the Coronavirus Aid, Relief and Economic Security Act (“CARES Act”), the PPP provides for loans to qualifying businesses in amounts up to 2.5 times the business’s average monthly payroll expenses. PPP loans and accrued interest are forgivable after a “covered period” (eight or 24 weeks) as long as the borrower maintains its payroll levels and uses the loan proceeds for eligible purposes, including payroll, benefits, rent, and utilities. The forgiveness amount will be reduced if the borrower terminates employees or reduces salaries during the covered period. Any unforgiven portion of a PPP loan is payable over two or five years at an interest rate of 1%, with a deferral of payments for 10 months after the end of the covered period.

On April 20, 2020, the Organization received loan proceeds in the amount of \$629,500 under the PPP, and on May 4, 2021 the Organization received forgiveness of \$536,097, and returned the unforgiven portion of \$93,403 without penalty.

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2021 AND 2020**

**Q. CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT/ADOPTION OF ACCOUNTING POLICY (CONTINUED)**

PPP loan (Continued)

For the year ending June 30, 2020, management and the Board of Directors were of the opinion that not all PPP funds awarded would be necessary to maintain current staffing as many other funding sources were still in place. Accordingly, the funds were accounted for in accordance with FASB ASC 958-605 whereby the PPP loan funds were treated as a conditional governmental grant and recorded as a refundable advance. As the qualifying payroll expenses were incurred, the Organization recognized contribution revenue and decreased the refundable advance. The amount of funds included in grant revenue in the statement of activities for the years ended June 30, 2021 and 2020, was \$348,921 and \$187,176, respectively. The amount of refundable advance was \$0 and \$442,324 as of June 30, 2021 and 2020, respectively.

EIDL Advance

The SBA provided the opportunity, as part of the PPP loan application, to obtain an Economic Injury Disaster Loan Advance (EIDL) up to \$10,000 in order to provide emergency economic relief to businesses that were currently experiencing a temporary loss of revenue. The advance does not have to be repaid. The Organization received an EIDL advance in the amount of \$10,000 on April 21, 2020. It is included in grant revenue in the statement of activities for the year ended June 30, 2020.

**R. RECLASSIFICATION**

Office supplies on the previously reported statement of functional expenses for the year ended June 30, 2020 inadvertently included \$28,974 in office equipment lease. This amount has been reclassified and, as a result, office supplies decreased and office equipment lease increased with no change in total functional expenses for the year ended June 30, 2020.

**S. SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 24, 2022, the date the financial statements were available to be issued. Management is not aware of any events that have occurred subsequent to June 30, 2021 that would require adjustment to, or disclosure in the financial statements.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

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

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <b>PALOMAR FAMILY COUNSELING SERVICE, INC</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1002 E GRAND AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>ESCONDIDO CA 92025</b> | <b>D</b> Employer identification number<br><b>33-0629248</b><br><b>E</b> Telephone number<br><b>760-741-2660</b><br><b>G</b> Gross receipts \$ <b>4,280,692</b>   |
| <b>F</b> Name and address of principal officer:<br><b>LISA M TURNER</b><br><b>1002 E GRAND AVE</b><br><b>ESCONDIDO CA 92025</b>  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |
| <b>J</b> Website: <b>u PALOMARFAMILYCOUNSELING.COM</b>   |  | <b>H(c)</b> Group exemption number <b>u</b>   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>   |  | <b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>CA</b>   |

**Part I Summary**

|   |  |  |                  |
|---|--|--|------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>SEE SCHEDULE O</b>                                    |  |                  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |                  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>16</b>        |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>16</b>        |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | <b>5</b>   | <b>101</b>       |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>35</b>        |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0</b>         |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11             | <b>7b</b>  | <b>0</b>   |                  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year   | Current Year     |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>202,272</b>   | <b>360,179</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>3,788,384</b>   | <b>3,915,533</b> |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>3,521</b>   | <b>4,980</b>     |
|   | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>3,994,177</b>   | <b>4,280,692</b> |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) |                  |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  |  | <b>0</b>         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |  | <b>3,120,089</b>   | <b>3,533,986</b> |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  |  | <b>0</b>         |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>                 |  | <b>0</b>   |                  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |  | <b>858,998</b>   | <b>661,420</b>   |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | <b>3,979,087</b>   | <b>4,195,406</b>   |                  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <b>15,090</b>  | <b>85,286</b>  |                  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year  | End of Year      |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>2,918,064</b>   | <b>2,618,684</b> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>933,538</b>   | <b>494,307</b>   |
|   |  | <b>1,984,526</b>   | <b>2,124,377</b> |

**Part II Signature Block**

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

|                               |  |                                |   |
|-------------------------------|--|--------------------------------|---|
| <b>Sign Here</b>              | Signature of officer<br><b>LISA M TURNER</b>                           | Date                           |   |
|                               | Type or print name and title   | <b>EXECUTIVE DIRECTOR</b>      |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature           | Date  |
|                               | <b>LEON C. COVELL, CPA</b>   | <b>LEON C. COVELL, CPA</b>     | <b>08/02/22</b>   |
|                               | Firm's name } <b>COVELL, JANI &amp; PASCH LLP</b>                      | Firm's EIN } <b>38-3730777</b> | Check <input type="checkbox"/> if self-employed PTIN <b>P00166785</b> |
|                               | Firm's address } <b>345 W 9TH AVE STE 100 ESCONDIDO, CA 92025-5055</b> | Phone no. <b>760-737-0700</b>  |   |

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

For Paperwork Reduction Act Notice, see the separate instructions.



**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  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 \$ **3,435,529** including grants of \$ ) (Revenue \$ **3,915,533** )

**PALOMAR FAMILY COUNSELING SERVICE PROVIDES A FULL RANGE OF COMPREHENSIVE AND INTEGRATED SERVICE THAT INCLUDES PREVENTION, EARLY INTERVENTION, PSYCHOEDUCATION, ASSESSMENT CLINICAL COUNSELING, SCHOOL-BASED COUNSELING, CRISIS RESPONSE, AND PROFESSIONAL TRAINING.**

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

**N/A**

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

**N/A**

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

(Expenses \$ **130,496** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **u 3,566,025**

**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)? If "Yes," complete Schedule A   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | 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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | 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? If "Yes," complete Schedule D, Part IV            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V  | 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? If "Yes," complete Schedule D, Part VI   | 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? If "Yes," complete Schedule D, Part VII  |     | 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? If "Yes," complete Schedule D, Part VIII  |     | 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? If "Yes," complete Schedule D, Part IX   |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | 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)? If "Yes," complete Schedule D, Part X  |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | 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? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule F, Parts II and IV  |     | 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? If "Yes," complete Schedule F, Parts III and IV  |     | 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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | 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? If "Yes," complete Schedule I, Parts I and II   |     | 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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| b   | 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 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 lines 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  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | X  |
| 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 in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|    |  | Yes | No |
|----|--|-----|----|
| 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 in 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)

|            |  | Yes        | No         |  |          |
|------------|--|------------|------------|--|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>101</b> |  |          |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | <b>2b</b>  |            |  | <b>X</b> |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |            |  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |            |  |          |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>  |            |  | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>u</b><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |            |  |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |            |  | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |            |  | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |            |  |          |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>  |            |  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |            |  |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |            |  |          |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  |            |  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |            |  |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |            |  | <b>X</b> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |            |  |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |            |  | <b>X</b> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |            |  | <b>X</b> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |            |  | <b>X</b> |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |            |  | <b>X</b> |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |            |  | <b>X</b> |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |            |  |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |            |  |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |            |  |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |            |  |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |            |  |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |            |  |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |            |  |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |            |  |          |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |            |  |          |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |            |  |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |            |  |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |            |  |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |            |  |          |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |            |  |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |            |  |          |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |            |  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |            |  |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  |            |  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |            |  | <b>X</b> |

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

**Section A. Governing Body and Management**

|           |  | Yes       | No       |
|-----------|--|-----------|----------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | <b>16</b> |          |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   | <b>16</b> |          |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |           | <b>X</b> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |           | <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |           | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |           | <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders?   |           | <b>X</b> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |           | <b>X</b> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |           | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |           |          |
| <b>8a</b> | The governing body?  | <b>X</b>  |          |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | <b>X</b>  |          |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |           | <b>X</b> |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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 **u**

**LISA M TURNER** **1002 E GRAND AVE** **CA 92025** **760-741-2660**  
**ESCONDIDO**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title      | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) <b>DAROL H CASTER</b>  | 0.50  |   |                       |         |              |                              |        |  |   |   |
| TREASURER                  | 0.00  | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (2) <b>SHARON DISNEY</b>   | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) <b>VI DUPRE</b>        | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) <b>DAN ENGELBRECHT</b> | 0.50  |   |                       |         |              |                              |        |  |   |   |
| VICE PRESIDENT             | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) <b>RANDY GARCIA</b>    | 0.50  |   |                       |         |              |                              |        |  |   |   |
| PRESIDENT                  | 0.00  | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (6) <b>MARVIN GILBERT</b>  | 0.50  |   |                       |         |              |                              |        |  |   |   |
| SECRETARY                  | 0.00  | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (7) <b>ANGEL GOTAY</b>     | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) <b>DAVID LOPEZ</b>     | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) <b>JOSE MONFORTE</b>   | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) <b>GENE R. RAMOS</b>  | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) <b>RONALD ROSOL</b>   | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER               | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (12) <b>JAMES M ROWE</b>                                       | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (13) <b>JAMES TALLEY</b>                                       | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (14) <b>JUDY TILLYER</b>                                       | 0.50  |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER   | 0.00  | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (15) <b>ALBERT TREVISAN</b>                                    | 0.50  |   |                       |         |              |                              |        |  |   |   |
| PAST PRESIDENT   | 0.00  | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (16) <b>LISA M TURNER</b>                                      | 40.00   |   |                       |         |              |                              |        |  |   |   |
| EXECUTIVE DIRECTOR   | 0.00  |   |                       | X       |              |                              | 0      | 0  | 0   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        |  |   |   |

**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 **u 0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> 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  |
| <b>5</b> 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | 1a   | Federated campaigns  | 1a                   |  |                                      |   |  |
|   | b  | Membership dues  | 1b                   |  |                                      |   |  |
|   | c  | Fundraising events   | 1c                   |  |                                      |   |  |
|   | d  | Related organizations  | 1d                   |  |                                      |   |  |
|   | e  | Government grants (contributions)  | 1e                   | 360,179                                      |                                      |   |  |
|   | f  | All other contributions, gifts, grants, and similar amounts not included above | 1f                   |  |                                      |   |  |
|   | g  | Noncash contributions included in lines 1a-1f                                  | 1g                   | \$   |                                      |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f  | u                    | 360,179                                      |                                      |   |  |
|   | <b>Program Service Revenue</b>   | 2a   | CONTRACT SERVICES    | Business Code<br>624100                      | 3,354,382                            | 3,354,382   |  |
| b   |  | COUNSELING SERVICES  | 624100               | 561,151                                      | 561,151                              |   |  |
| c   |  |  |                      |  |                                      |   |  |
| d   |  |  |                      |  |                                      |   |  |
| e   |  |  |                      |  |                                      |   |  |
| f   |  | All other program service revenue  |                      |  |                                      |   |  |
| g   |  | <b>Total.</b> Add lines 2a-2f  | u                    | 3,915,533                                    |                                      |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest, and other similar amounts)   | u                    | 4,980  | 4,980                                |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds                             | u                    |  |                                      |   |  |
|   | 5  | Royalties  | u                    |  |                                      |   |  |
|   | 6a   | Gross rents  | (i) Real             |  |                                      |   |  |
|   |  |  | (ii) Personal        |  |                                      |   |  |
|   |  |  | 6a                   |  |                                      |   |  |
|   | b  | Less: rental expenses  | 6b                   |  |                                      |   |  |
|   | c  | Rental inc. or (loss)  | 6c                   |  |                                      |   |  |
|   | d  | Net rental income or (loss)  | u                    |  |                                      |   |  |
|   | 7a   | Gross amount from sales of assets other than inventory                         | (i) Securities       |  |                                      |   |  |
|   |  |  | (ii) Other           |  |                                      |   |  |
|   |  |  | 7a                   |  |                                      |   |  |
|   | b  | Less: cost or other basis and sales exps.                                      | 7b                   |  |                                      |   |  |
|   | c  | Gain or (loss)   | 7c                   |  |                                      |   |  |
|   | d  | Net gain or (loss)   | u                    |  |                                      |   |  |
| 8a  | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a   |                      |  |                                      |   |  |
| b   | Less: direct expenses  | 8b   |                      |  |                                      |   |  |
| c   | Net income or (loss) from fundraising events   | u  |                      |  |                                      |   |  |
| 9a  | Gross income from gaming activities. See Part IV, line 19  | 9a   |                      |  |                                      |   |  |
| b   | Less: direct expenses  | 9b   |                      |  |                                      |   |  |
| c   | Net income or (loss) from gaming activities  | u  |                      |  |                                      |   |  |
| 10a   | Gross sales of inventory, less returns and allowances  | 10a  |                      |  |                                      |   |  |
| b   | Less: cost of goods sold   | 10b  |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory   | u  |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                  | 11a  |  | Business Code        |  |                                      |   |  |
|   | b  |  |                      |  |                                      |   |  |
|   | c  |  |                      |  |                                      |   |  |
|   | d  | All other revenue  |                      |  |                                      |   |  |
|   | e  | <b>Total.</b> Add lines 11a-11d  | u                    |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions   | u  | 4,280,692            | 3,920,513                                    | 0                                    | 0   |  |



**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | <b>72,429</b>         |                                 | <b>72,429</b>                          |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | <b>2,802,981</b>      | <b>2,477,741</b>                | <b>325,240</b>                         |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | <b>54,093</b>         | <b>46,612</b>                   | <b>7,481</b>                           |                             |
| <b>9</b> Other employee benefits   | <b>351,000</b>        | <b>302,456</b>                  | <b>48,544</b>                          |                             |
| <b>10</b> Payroll taxes  | <b>253,483</b>        | <b>218,426</b>                  | <b>35,057</b>                          |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | <b>11,375</b>         | <b>9,586</b>                    | <b>1,789</b>                           |                             |
| <b>c</b> Accounting  |                       |                                 |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion  | <b>4,320</b>          | <b>3,723</b>                    | <b>597</b>                             |                             |
| <b>13</b> Office expenses  | <b>46,545</b>         | <b>39,246</b>                   | <b>7,299</b>                           |                             |
| <b>14</b> Information technology   | <b>21,965</b>         | <b>18,927</b>                   | <b>3,038</b>                           |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | <b>10,283</b>         |                                 | <b>10,283</b>                          |                             |
| <b>17</b> Travel   | <b>9,305</b>          | <b>8,018</b>                    | <b>1,287</b>                           |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | <b>4,420</b>          | <b>1,115</b>                    | <b>3,305</b>                           |                             |
| <b>20</b> Interest   | <b>12,028</b>         |                                 | <b>12,028</b>                          |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | <b>103,096</b>        | <b>71,208</b>                   | <b>31,888</b>                          |                             |
| <b>23</b> Insurance  | <b>31,222</b>         | <b>26,904</b>                   | <b>4,318</b>                           |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| <b>a</b> <b>CONSULTING AND CONTRACT S</b>  | <b>182,564</b>        | <b>171,721</b>                  | <b>10,843</b>                          |                             |
| <b>b</b> <b>TELEPHONE</b>  | <b>61,989</b>         | <b>53,416</b>                   | <b>8,573</b>                           |                             |
| <b>c</b> <b>MAINTENANCE</b>  | <b>43,942</b>         | <b>37,865</b>                   | <b>6,077</b>                           |                             |
| <b>d</b> <b>UTILITIES</b>  | <b>32,007</b>         | <b>27,580</b>                   | <b>4,427</b>                           |                             |
| <b>e</b> All other expenses  | <b>86,359</b>         | <b>51,481</b>                   | <b>34,878</b>                          |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | <b>4,195,406</b>      | <b>3,566,025</b>                | <b>629,381</b>                         | <b>0</b>                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |  | (A)<br>Beginning of year  |           | (B)<br>End of year |           |
|------------------------------------|--|---|-----------|--------------------|-----------|
| <b>Assets</b>                      | 1  | Cash—non-interest-bearing   | 1,159,752 | 1                  | 619,884   |
|                                    | 2  | Savings and temporary cash investments  | 58,824    | 2                  | 72,955    |
|                                    | 3  | Pledges and grants receivable, net  |           | 3                  |           |
|                                    | 4  | Accounts receivable, net  | 428,621   | 4                  | 638,956   |
|                                    | 5  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |           | 5                  |           |
|                                    | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |           | 6                  |           |
|                                    | 7  | Notes and loans receivable, net   |           | 7                  |           |
|                                    | 8  | Inventories for sale or use   |           | 8                  |           |
|                                    | 9  | Prepaid expenses and deferred charges   | 2,900     | 9                  | 1,857     |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 2,162,491 |                    |           |
|                                    | 10b  | Less: accumulated depreciation  | 877,659   | 10c                | 1,284,832 |
|                                    | 11   | Investments—publicly traded securities  |           | 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  | 200       | 15                 | 200       |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 2,918,064   | 16        | 2,618,684          |           |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 583,997   | 17                 | 161,018   |
|                                    | 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  | 349,541   | 23                 | 333,289   |
|                                    | 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   |           | 25                 |           |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 933,538   | 26                 | 494,307   |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |           |                    |           |
|                                    | 27   | Net assets without donor restrictions   | 1,924,703 | 27                 | 1,964,040 |
|                                    | 28   | Net assets with donor restrictions  | 59,823    | 28                 | 160,337   |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |           |                    |           |
|                                    | 29   | Capital stock or trust principal, or current funds  |           | 29                 |           |
|                                    | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |           | 30                 |           |
|                                    | 31   | Retained earnings, endowment, accumulated income, or other funds  |           | 31                 |           |
|                                    | 32   | <b>Total net assets or fund balances</b>  | 1,984,526 | 32                 | 2,124,377 |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>  | 2,918,064   | 33        | 2,618,684          |           |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>4,280,692</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>4,195,406</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>85,286</b>    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>1,984,526</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>14,132</b>    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>40,433</b>    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>2,124,377</b> |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>2c</b> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | <b>X</b> |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |          | <b>X</b> |
| <b>3b</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  |          |          |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PALOMAR FAMILY COUNSELING SERVICE,  
INC**

Employer identification number

**33-0629248**

**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 or 990-EZ).)
- 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 in 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 |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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) 2016  | (b) 2017  | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 3,556,267 | 3,598,791 | 4,177    | 202,272  | 360,179  | 7,721,686 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  | 3,556,267 | 3,598,791 | 4,177    | 202,272  | 360,179  | 7,721,686 |
| <b>5</b> 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) |           |           |          |          |          |           |
| <b>6</b> Public support. Subtract line 5 from line 4   |           |           |          |          |          | 7,721,686 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2016  | (b) 2017  | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   | 3,556,267 | 3,598,791 | 4,177    | 202,272  | 360,179  | 7,721,686 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 3,182     | 3,569     |          |          |          | 6,751     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |           |           |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |           |           |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |          |          |          | 7,728,437 |

**12** Gross receipts from related activities, etc. (see instructions) 12 15,029,923

**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**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 99.91 % |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14                       | <b>15</b> | 99.95 % |

**16a 33 1/3% support test—2020.** 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

**b 33 1/3% support test—2019.** 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

**17a 10%-facts-and-circumstances test—2020.** 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

**b 10%-facts-and-circumstances test—2019.** 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

**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

**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) <b>u</b>  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) <b>u</b>  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14 First 5 years.</b> 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 <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17                         | <b>18</b> | % |

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 in line 12 on 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in 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>  |     |    |
| <b>c</b> Did a disqualified person (as defined in 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in 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>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>  |  |  |
| <b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>  |  |  |
| <b>a</b> 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>2a</b>   |  |  |
| <b>b</b> Did the activities described in 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>  |  |  |
| <b>2b</b>   |  |  |
| <b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  |  |  |
| <b>a</b> 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>3a</b>   |  |  |
| <b>b</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>   |  |  |
| <b>3b</b>   |  |  |



**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.

| <b>Section A – Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| <b>Section B – Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                       | <b>Discount</b> 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C – Distributable Amount</b> |  |                | 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                                       | <b>Distributable Amount.</b> 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  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)   |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2020 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2020   |                             |  |   |
| a From 2015 .....   |                             |  |   |
| b From 2016 .....   |                             |  |   |
| c From 2017 .....   |                             |  |   |
| d From 2018 .....   |                             |  |   |
| e From 2019 .....   |                             |  |   |
| f <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2020 distributable amount  |                             |  |   |
| i Carryover from 2015 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4 Distributions for 2020 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2020 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                         |                             |  |   |
| 7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2016 .....  |                             |  |   |
| b Excess from 2017 .....  |                             |  |   |
| c Excess from 2018 .....  |                             |  |   |
| d Excess from 2019 .....  |                             |  |   |
| e Excess from 2020 .....  |                             |  |   |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PALOMAR FAMILY COUNSELING SERVICE, INC

Employer identification number

33-0629248

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 advisement.

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, total number, acreage, and monitoring expenses.

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 reporting requirements for 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                | 61,533             | 60,340               | 56,505              |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                | -581               | 4,079                | 6,753               |
| <b>d</b> Grants or scholarships                         |                  |                |                    | -2,580               | -2,630              |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    | -306                 | -288                |
| <b>g</b> End of year balance                            |                  |                | 60,952             | 61,533               | 60,340              |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** %
  - c** Term endowment **u** %
- 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       |
|------------------------------------|----------|----------|
| <b>(i)</b> Unrelated organizations | <b>X</b> |          |
| <b>(ii)</b> Related organizations  |          | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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   |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| <b>1a</b> Land   |                                      | 470,589                         |                              | 470,589          |
| <b>b</b> Buildings   |                                      | 1,366,808                       | 709,631                      | 657,177          |
| <b>c</b> Leasehold improvements  |                                      | 41,276                          | 41,276                       |                  |
| <b>d</b> Equipment   |                                      | 72,739                          | 72,739                       |                  |
| <b>e</b> Other   |                                      | 211,079                         | 54,013                       | 157,066          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 | <b>u</b>                     | <b>1,284,832</b> |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) | <b>u</b>       |  |

**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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) | <b>u</b>       |  |

**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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | <b>u</b>       |

**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)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>u</b>       |

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.

|          |  |           |                  |
|----------|--|-----------|------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | <b>4,294,824</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |                  |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | <b>14,132</b>    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |                  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |                  |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |                  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | <b>14,132</b>    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | <b>4,280,692</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |                  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |                  |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |                  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> |                  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | <b>4,280,692</b> |

**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.

|          |   |           |                  |
|----------|---|-----------|------------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | <b>4,154,973</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |                  |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |                  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |                  |
| <b>c</b> | Other losses  | <b>2c</b> |                  |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |                  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> |                  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | <b>4,154,973</b> |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |                  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |                  |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | <b>40,433</b>    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | <b>40,433</b>    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | <b>4,195,406</b> |

**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 XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER**

**BOOK / TAX DEPRECIATION DIFFERENCE** **\$ 40,433**





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

Ⓛ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

|                          |   |   |
|--------------------------|---|---|
| Name of the organization | <b>PALOMAR FAMILY COUNSELING SERVICE,<br/>INC</b> | Employer identification number<br><b>33-0629248</b> |
|--------------------------|---|---|

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

**PALOMAR FAMILY COUNSELING SERVICE PROVIDES A FULL RANGE OF COMPREHENSIVE AND INTEGRATED SERVICE THAT INCLUDES PREVENTION, EARLY INTERVENTION, PSYCHOEDUCATION, ASSESSMENT CLINICAL COUNSELING, SCHOOL-BASED COUNSELING, CRISIS RESPONSE, AND PROFESSIONAL TRAINING.**

**THE ORGANIZATION'S MISSION IS TO SUPPORT AND STRENGTHEN CHILDREN, YOUTH, ADULTS, FAMILIES, SCHOOLS AND COMMUNITIES.**

**FORM 990 - ORGANIZATION'S MISSION**

**PALOMAR FAMILY COUNSELING SERVICE PROVIDES A FULL RANGE OF COMPREHENSIVE AND INTEGRATED SERVICE THAT INCLUDES PREVENTION, EARLY INTERVENTION, PSYCHOEDUCATION, ASSESSMENT CLINICAL COUNSELING, SCHOOL-BASED COUNSELING, CRISIS RESPONSE, AND PROFESSIONAL TRAINING.**

**FORM 990, PART I, LINE 6**

**VOLUNTEERS INCLUDE BOARD MEMBERS, COUNSELING INTERNS, OR COMMUNITY MEMBERS DOING SERVICE PROJECTS.**

**TYPES OF SERVICES : INDIVIDUAL, FAMILY, AND GROUP COUNSELING FOR ALL AGES IN OUR OFFICES, INDIVIDUAL AND GROUP COUNSELING FOR YOUTH IN SCHOOLS OR OTHER COMMUNITY SPACES, COURT-ORDERED PSYCHOEDUCATION SERVICES, AND PREVENTION AND EARLY INTERVENTIONS PROGRAMS.**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

**PALOMAR FAMILY COUNSELING SERVICE PROVIDES A FULL RANGE OF COMPREHENSIVE AND INTEGRATED SERVICE THAT INCLUDES PREVENTION, EARLY INTERVENTION,**

Name of the organization

Employer identification number

PALOMAR FAMILY COUNSELING SERVICE,

33-0629248

PSYCHOEDUCATION, ASSESSMENT CLINICAL COUNSELING, SCHOOL-BASED COUNSELING,  
CRISIS RESPONSE, AND PROFESSIONAL TRAINING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR  
TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
REQUIRED SELF REPORTING BY EMPLOYEES

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
PERIODIC REVIEW BY THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
PERIODIC REVIEW BY EXECUTIVE BOARD

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
UPON REQUEST. TIME AND PLACE APPROVED BY BOARD OF DIRECTORS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
BOOK / TAX DEPRECIATION DIFFERENCE \$ 40,433

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return **PALOMAR FAMILY COUNSELING SERVICE, INC** Identifying number **33-0629248**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | <b>1,040,000</b> |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | <b>2,590,000</b> |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|    |  |    |               |
|----|--|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | <b>65,545</b> |
| 15 | Property subject to section 168(f)(1) election   | 15 |               |
| 16 | Other depreciation (including ACRS)  | 16 | <b>34,520</b> |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|    |   |    |              |
|----|---|----|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020  | 17 | <b>2,968</b> |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/> |    |              |

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a                            | 3-year property                      |  |                     |                |            |                            |
| b                              | 5-year property                      |  |                     |                |            |                            |
| c                              | 7-year property                      |  |                     |                |            |                            |
| d                              | 10-year property                     |  |                     |                |            |                            |
| e                              | 15-year property                     |  |                     |                |            |                            |
| f                              | 20-year property                     |  |                     |                |            |                            |
| g                              | 25-year property                     |  | 25 yrs.             |                | S/L        |                            |
| h                              | Residential rental property          |  | 27.5 yrs.           | MM             | S/L        |                            |
| i                              | Nonresidential real property         | <b>03/20/21</b>  | 39 yrs.             | MM             | S/L        | <b>63</b>                  |

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 30-year    |  | 30 yrs. | MM | S/L |  |
| d   | 40-year    |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |                |
|----|---|----|----------------|
| 21 | Listed property. Enter amount from line 28  | 21 |                |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | <b>103,096</b> |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |                |

For Paperwork Reduction Act Notice, see separate instructions.

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

There are five tabs to this file:

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

### 1 Instructions:

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

### 2 Program Budget Form:

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

#### A INDIRECT EXPENSES:

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

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

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

#### C DIRECT PROGRAM EXPENSES:

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



**Agency Name:** **Palomar Family Counseling Service, Inc.**

**Program Name:** **Grandparents Raising Grandchildren**

**Total Organization Budget (Current Fiscal Year)** **\$ 5,291,628.00**

**Total Project Budget (Current Fiscal Year)** **\$ 51,363.00**

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

**Organization Sources of Revenue**  
(Total Organization Budget)

**Sources of Funding**  
(This Project Request)

| Source of funds                           | \$ Amount             | Percent of Total | One-time funding? (Yes/No) | \$ Amount          | Percent of Total | One-time funding? (Yes/No) |
|---|-----------------------|------------------|----------------------------|--------------------|------------------|----------------------------|
| Federal                                   |                       |                  |                            |                    |                  |                            |
| State                                     |                       |                  |                            |                    |                  |                            |
| City/County*                              | 3797836               | 71.77%           | varies                     |                    |                  |                            |
| Other Govt.                               | 60000                 | 1.13%            | varies                     |                    |                  |                            |
| Proposed FRHD                             |                       |                  |                            | 15000              | 29.20%           | no                         |
| Fees for Service                          | 556817                | 10.52%           | no                         | 28363              | 55.22%           | no                         |
| Grants (non-gov't)                        | 33699                 | 0.64%            | yes                        | 3000               | 5.84%            | yes                        |
| General Donations                         | 39733                 | 0.75%            | varies                     | 5000               | 9.73%            | varies                     |
| Other Internal Organizational Fundraising |                       |                  |                            |                    |                  |                            |
| Other (list):                             |                       |                  |                            |                    |                  |                            |
| School District contracts                 | 801408                | 15.14%           | no                         |                    |                  |                            |
| Misc. Revenue                             | 2135                  | 0.04%            | varies                     |                    |                  |                            |
| In-Kind                                   |                       |                  |                            |                    |                  |                            |
|   |                       |                  |                            |                    |                  |                            |
|   |                       |                  |                            |                    |                  |                            |
| <b>Total</b>                              | <b>\$5,291,628.00</b> | <b>100%</b>      |                            | <b>\$51,363.00</b> | <b>100%</b>      |                            |

\* City/County

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

\* County contracts total \$3,763,003; City of Poway \$2,500; City of Vista \$10,000; City of Escondido \$22,333

