

SHAE GAWLAK

director@fallbrookfoodpantry.org

Submission Date Feb 25, 2024 3:17 PM

Tax Exempt Status YES

Service Area Bonsall De Luz Fallbrook Rainbow


Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz? YES

Collaborative/Joint Application NO

Organization Information
Legal Name FALLBROOK FOOD PANTRY DBA (if Applicable) N/A


Contact Information
Contact Name SHAE GAWLAK Title CEO
Primary Contact Phone 760-728-7608 Email Address director@fallbrookfoodpantry.org

Organization Physical Address
140 N. Brandon Road
Fallbrook, CA, 92028

Board of Directors
 **FFP BOARD MEMBERS BIO'S.pdf**
109.96 KB

Financial Documents - Audit
 **17_20230221 BS 12.31.22_8836.pdf**
42.39 KB

 **17_20230221 P&L 12.31.22_6942.pdf**
42.93 KB

 **Fallbrook Food Pantry - ATTORNEY GENERAL - 2022 Form RRF-1pdf**
442.51 KB

Financial Documents - P&L and Balance Sheet
 **20230221 BS 12.31.22.pdf**
42.39 KB

 **20230221 P&L 12.31.22.pdf**
42.93 KB

Financial Documents - 990
 **Fallbrook Food Pantry - 2022 Public Copy 11-15-23.pdf**
352.61 KB

Organization's Mission Statement
The Fallbrook Food Pantry (FFP) provides access to healthy and nutritious food for all. Through food distribution, education, and health monitoring, we work to address food insecurity and the social determinants of health by reducing inequities. Our programs empower our clients to become self-sufficient,

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

Organization's Vision Statement

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

Organization History & Accomplishments

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

The Pantry has made significant headway in putting healthy food on families' tables since 1991. But the need became clear to create a more holistic model to affect system change in more profound ways through education. Therefore, thanks to the community's generosity, a successful capital campaign led to the 2019 purchase of a new building and a state-of-the-art Learning Center. We established our first nutrition class in 2021. Since then, FFP education initiatives have grown exponentially from one course that supported less than 100 clients to now offering more than seven courses that support over 400 clients annually, recording more than 6,500 classroom hours of learning during our first year of educational services. We are in a stage of strategic and dynamic growth to expand the program even further in scope and impact.

Program Name/Title

Rooted in Wellness-Nourishment for Life

Brief Program Description

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

Is this a new initiative/service or established program within your organization?

Established Program

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

NO

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

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

our community and we believe that with our evidence-based curriculum, Rooted in Wellness can and will be a significant solution to poverty.

Funding Amount Being Requested 75000

Program Information - Type **Ongoing**

Projected number of residents that will directly benefit (participant/client) from this program. 8500

Target Population - Age

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

Target Population not collected - Age n/a

Target Population - Gender

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

*Target Population - Gender n/a

Target Population - Income Level

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

*Target Population - Income Level n/a

What language(s) can this program accommodate: **English Spanish Tagalog**

What demographic group does this program predominately serve: **Youth - school based Older Adults Youth - other setting Special Populations**
Community - Health & Fitness

Program/Services Description - Social Determinants of Health

- Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)**
- Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)**
- Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)**
- Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)**
- Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)**

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

Improving Health Outcomes: Good nutrition is foundational to good health. Reducing the risk of chronic

diseases such as obesity, diabetes, heart disease, and some forms of cancer, nutrition education can decrease healthcare costs for individuals and families. Lower healthcare expenses can free up financial resources for other needs.

Enhancing Productivity: Proper nutrition is linked to improved cognitive function, concentration, and energy levels. This can lead to better academic performance in children and increased productivity in adults.

Reducing Absenteeism: Nutrition-related health improvements can lead to reduced absenteeism from work or school.

Promoting Self-Sufficiency: Nutrition education includes components on budgeting for groceries, understanding food labels, and cooking healthy meals. These skills can help individuals and families make more cost-effective food choices without sacrificing nutritional quality.

Long-Term Cost Savings: Fostering healthier eating habits reduces incidences and severity of chronic diseases, which can lead to long-term savings in healthcare costs. These savings could be redirected towards other social services and programs.

1. Empowerment and Education: Empowering individuals with knowledge, our programs also encourage further education and engagement with health and wellness topics. This empowerment leads to better decision-making in their life, including financial decisions.

Social Determinants of Health - Education Access and Quality

Education improves an individual's ability to understand health information and make informed decisions about their health care. Higher health literacy is associated with better health outcomes, including lower rates of chronic diseases, higher life expectancy, and greater engagement in preventive health behaviors.

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

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

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

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

Social Determinants of Health - Social and Community Context

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

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

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

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

Social Determinants of Health - Healthcare Access and Quality

Social Determinants of Health -
Neighborhood and Built Environment

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

Quality healthcare, enriched with nutrition education, empowers individuals with the knowledge and skills to make informed dietary choices, directly impacting their health and quality of life. This empowerment aids in the reduction of health disparities seen in underserved communities, where access to healthcare and nutrition education is often limited. By addressing these gaps, our community can move towards health equity, ensuring that everyone has the opportunity to live healthier lives.

Integrating nutrition education within healthcare settings enhances the patient-provider relationship, fostering a more holistic approach to health that considers diet and lifestyle in relation to overall well-being. This integration supports the shift towards preventive care, focusing on maintaining health rather than solely treating disease. It allows for early identification of health risks and the implementation of lifestyle changes that can prevent chronic conditions.

Educated and health-conscious individuals can influence their immediate and wider community, creating a ripple effect that promotes public health, encourages healthier choices, and reduces lifestyle-related health conditions. The synergy between education and nutrition education addresses crucial social determinants of health, such as access, quality, and equity in healthcare. Encouraging individuals to eat healthily is not just about personal health; it's about creating a supportive environment that empowers everyone to make better choices for themselves and their community.

The Fallbrook Food Pantry has recognized the priority of food accessibility and how it is a direct correlation to being a food desert. Many of our community members do not have easy access to healthy food, because of our rural landscape and sparse grocery stores. With much of them needing to seek food from the Pantry, living in the "outskirts" makes it difficult to get to us and to grocery stores. This highlights the need for more accessible food options and transportation services in rural areas.

With Rooted in Wellness educational opportunities, our community garden and food initiatives, we are enhancing neighborhood cohesion, providing a knowledge improvement in dietary habits by directly involving community members in food production. These initiatives are not only educational but are also empowering our community members to take control of their health and well-being.

Statement of Need/Problem

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

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

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

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

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

How are other organizations addressing this need in the community?

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

Program/Services Description - Program Entry & Follow Up

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

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

Program/Services Description - Program Activities

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

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

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

Program Goal

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

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

Program Objectives & Measurable Outcomes

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

Organization Collaborations

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

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

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

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

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

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

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

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

Anticipated Acknowledgment

- Social Media Postings
- Signage at Service Sites
- Print Materials to Service Recipients
- Website Display
- Other

Anticipated Acknowledgment

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

Funding History

NO

Program Budget



24-25 FRHD CHC Program Budget Form - ROOTED IN WELLNESS.xlsx

54.77 KB

Terms and Conditions

Accepted

Authorized Signature



Chad Newland



BOARD MEMBERS

DR. TIM WILLARD, MEMBER, PRESIDENT

t.willard@sbcglobal.net

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

CATHERINE SOUSA, PAST PRESIDENT

kencatsous@aol.com

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

CYNTIA DIAZ, TREASURER

cindy.diaz89@gmail.com

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

JEAN DOOLEY, SECRETARY

jeandooley@gmail.com

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

JEFF BRANTLEY, MEMBER

fallbrook@groceryoutlet.com

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

RICK KOOLE, MEMBER

rskoole@aol.com

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

CATHY CONRAD, MEMBERcathy.conrad@gmail.com

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

PETE FREDERICKSEN, MEMBERfearlessfred46@hotmail.com

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

BRUCE McMANN, MEMBERambassador@fallbrookfoodpantry.org

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

JASON KENDALL, MEMBERJasonk@kendall-farms.com

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

JULIE REEDER, MEMBERjreeder@reedermedia.com

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

ZANE ZAMORA, MEMBERzzamora@thegarrettgrou.net

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

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

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

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

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

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

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

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

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

9:01 PM
02/21/23
Accrual Basis

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

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

9:01 PM
02/21/23
Accrual Basis

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

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

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

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

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

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

9:01 PM
 02/21/23
 Accrual Basis

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

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

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

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

9:01 PM
02/21/23
Accrual Basis

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

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

9:01 PM
02/21/23
Accrual Basis

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

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

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

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

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

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

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

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

FALLBROOK FOOD PANTRY

Name of Organization

List all DBAs and names the organization uses or has used

140 N. BRANDON ROAD

Address (Number and Street)

FALLBROOK, CA 92028

City or Town, State, and ZIP Code

760-728-7608

Telephone Number

**TREASURER@FALLBROOKFOOD
PANTRY.ORG**

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CTA463570**

Corporation or Organization No. **1689206**

Federal Employer ID No. **33-0491216**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

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

PART A - ACTIVITIES

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

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

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

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

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

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

SHAE GAWLAK

Signature of Authorized Agent

Printed Name

EXECUTIVE DIRECTOR

Title

Date

Fallbrook Food Pantry

EIN: 33-0491216

California corp. number: 1689206

State charity registration number: A463570

RRF-1, Line 5

Government grant agencies

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

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

Return of Organization Exempt From Income Tax

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

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

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Summary

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

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

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

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

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

4e Total program service expenses 2439876.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, 16, 17.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Shae Gawlak - 760-728-7608
140 N. Brandon Road, Fallbrook, CA 92028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Shae Gawlak Executive Director | 40.00 | | | X | | | 85000. | 0. | 0. | |
| (2) Tim Willard Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) Sancia Obermueller Treasurer | 3.00 | X | | X | | | 0. | 0. | 0. | |
| (4) Cathy Conrad Secretary | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) Catherine Sousa President | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (6) Arnie Willcuts Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) Pete Fredericksen Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) Jean Dooley Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) Jeff Brantley Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) Vi Dupre Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) Young Milton Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) Rick Koole Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) Jason Kendall Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) Julie Reeder member | 1.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 85000. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 85000. | 0. | 0. | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2022)

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Part X, Line 2:

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

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

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

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

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

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

Neighborhood Distribution

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

Adopt-A-Family

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

Farmers to Families

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

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

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

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

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

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

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

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

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

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

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

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

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

Form 990, Part XII, line 2c.

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

990, Part III, Line 4d

ther Program Services

Neighborhood Distribution

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

Adopt-A-Family

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

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

Farmers to Families

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

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

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

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

Multiple horizontal lines for additional text entry.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

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

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

Part I Summary

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

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

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

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

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

4e Total program service expenses 2439876.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' answers.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Shae Gawlak - 760-728-7608
140 N. Brandon Road, Fallbrook, CA 92028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Shae Gawlak Executive Director | 40.00 | | | X | | | 85000. | 0. | 0. | |
| (2) Tim Willard Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) Sancia Obermueller Treasurer | 3.00 | X | | X | | | 0. | 0. | 0. | |
| (4) Cathy Conrad Secretary | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (5) Catherine Sousa President | 5.00 | X | | X | | | 0. | 0. | 0. | |
| (6) Arnie Willcuts Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) Pete Fredericksen Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) Jean Dooley Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) Jeff Brantley Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) Vi Dupre Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) Young Milton Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) Rick Koole Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) Jason Kendall Member | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) Julie Reeder member | 1.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | 85000. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. | |
| d Total (add lines 1b and 1c) | | | | | | | 85000. | 0. | 0. | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

| | |
|---|--|
| Name of the organization <p style="text-align:center;">Fallbrook Food Pantry</p> | Employer identification number <p style="text-align:center;">33-0491216</p> |
|---|--|

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

Part X, Line 2:

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

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

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Fallbrook Food Pantry

Employer identification number

33-0491216

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

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

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

Neighborhood Distribution

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

Adopt-A-Family

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

Farmers to Families

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

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

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

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

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

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

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

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

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

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

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

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

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

Form 990, Part XII, line 2c.

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

990, Part III, Line 4d

ther Program Services

Neighborhood Distribution

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

Adopt-A-Family

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

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

Farmers to Families

During the COVID-19 lockdowns, farmers were unable to sell produce to restaurants and grocery stores in as high a capacity as usual. Due to federal government programming, food banks across the nation benefitted from the farmers' excess crops at no cost, while the government paid the farmers for their goods. The Pantry distributed the excess crops received to its clients during 2021 and 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

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

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

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

228111 04-01-22

(D) - Asset disposed

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

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

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

California Exempt Organization Annual Information Return

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

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

California corporation number: **1689206**

FEIN: **33-0491216**

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

PMB no.:

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

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

A First return Yes No

B Amended return Yes No

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

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

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L Is the organization a limited liability company? Yes No

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

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

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

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

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

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

Sign Here

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

Paid Preparer's Use Only

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

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

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

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

228951 01-10-23

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

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

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

CA 199 Compensation of Officers, Directors and Trustees Statement 3

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

Fallbrook Food Pantry

33-0491216

| | | |
|--|----------------|----|
| Rick Koole 140 N. Brandon Road Fallbrook, CA 92028 | Member 1.00 | 0. |
|--|----------------|----|

| | | |
|---|----------------|----|
| Jason Kendall 140 N. Brandon Road Fallbrook, CA 92028 | Member 1.00 | 0. |
|---|----------------|----|

| | | |
|--|----------------|----|
| Julie Reeder 140 N. Brandon Road Fallbrook, CA 92028 | member 1.00 | 0. |
|--|----------------|----|

| | | |
|-------------------------------------|--|-----------|
| Total to Form 199, Part II, line 11 | | <u>0.</u> |
|-------------------------------------|--|-----------|

| | | |
|---------------|-----------------------|--------------------|
| <u>CA 199</u> | <u>Other Expenses</u> | <u>Statement 4</u> |
|---------------|-----------------------|--------------------|

| <u>Description</u> | <u>Amount</u> |
|---------------------------------------|-----------------|
| Donated food and service fundraising | 2076440. |
| Other Expenses | 26883. |
| Direct expenses of fundraising events | 11145. |
| Other employee benefits | 84004. |
| Management fees | 11690. |
| Accounting fees | 19510. |
| Advertising and promotion | 18241. |
| Office expenses | 23122. |
| Information technology | 30799. |
| Travel | 8483. |
| Conferences and conventions | 15368. |
| Insurance | 113. |
| | 8751. |
| Total to Form 199, Part II, line 17 | <u>2334549.</u> |

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

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

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

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

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0491216

Corporation name

California corporation number

FALLBROOK FOOD PANTRY

1689206

Part I Election To Expense Certain Property Under IRC Section 179

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

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

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

Part III Summary

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

Part IV Amortization

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

CA 3885

Depreciation

Statement 8

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

Fallbrook Food Pantry

33-0491216

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

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

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

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

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

FALLBROOK FOOD PANTRY

Name of Organization

List all DBAs and names the organization uses or has used

140 N. BRANDON ROAD

Address (Number and Street)

FALLBROOK, CA 92028

City or Town, State, and ZIP Code

760-728-7608

Telephone Number

**TREASURER@FALLBROOKFOOD
PANTRY.ORG**

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CTA463570**

Corporation or Organization No. **1689206**

Federal Employer ID No. **33-0491216**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

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

PART A - ACTIVITIES

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

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

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

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

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

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

SHAE GAWLAK

Signature of Authorized Agent

Printed Name

EXECUTIVE DIRECTOR

Title

Date

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

FRHD CHC GRANT BUDGET FORM

Agency Name: **FALLBROOK FOOD PANTRY**

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

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

| 1) A | INDIRECT EXPENSES: | PROGRAM COST | APPLYING ORGANIZATION | OTHER FUNDERS | REQUESTED FROM FRHD |
|-------------------------------|--|--------------|-----------------------|---------------|---------------------|
| A1 | Administrative Support | | | | |
| A2 | General Insurance (not program specific) | | | | |
| A3 | Accounting & audit expenses | | | | |
| A4 | Consultant/Contractor Fees | | | | |
| A5 | Physical Assets (Rent, Facility Costs) | | | | |
| A6 | Utilities | | | | |
| A7 | IT & Internet | | | | |
| A8 | Marketing & Communications | | | | |
| A9 | Office Supplies | | | | |
| A10 | Training & Education | | | | |
| A11 | Other: specify | | | | |
| TOTAL INDIRECT EXPENSE | | - | - | - | - |

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

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

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

2) FUNDING SOURCES

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

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

3) % OF AGENCY BUDGET

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

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