

FY 2022.2023 Fallbrook Regional Health District Community Health Contract Grant Application

Organization Information

Legal Name

Fallbrook Healthcare Foundation

DBA (if Applicable)

Foundation for Senior Care

Year Founded - use date of incorporation

1979

Program Name/Title

Door-Through-Door

Brief Program Description

The Door Through Door program pairs an Advocate and transportation with the focus on assisting hospitals in arranging and coordinating discharge services prior to a resident's return home, with the goal of reducing hospital readmissions due to falls or insufficient care.

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

Established Program

Program Information - Type

Ongoing

Requested Amount

29310

How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?

29684.85

Organization's Mission Statement

The Foundation for Senior Care's mission is to provide programs and resources to Greater Fallbrook area seniors and disabled adults, enabling them to enhance their well-being and give them a more meaningful life. Since 2000, we have served seniors and disabled adults in the community through the provision of transportation, an adult day program, technology education, and through hands-on help and referrals for healthcare needs, food resources, housing, state and national entitlements, legal and financial assistance, abuse and neglect interventions, and so much more.

Our Door through Door program directly aligns with our mission of enhancing a senior's well-being, keeping them safe and ensuring critical resources are in place and healthcare needs are met when being discharged from a hospital or skilled nursing facility.

Organization's Vision Statement

Our vision is to be the go-to resource for seniors and the disabled in the communities we serve, acting as a trusted resource to promote health through advocacy and education, provide help and reliable

referrals, and overcome obstacles, so that seniors and the disabled have what they need to age safely in place with access to healthcare, a safe environment, food and housing security, and social outlets. Our vision, and all of our programs, are very much in alignment with the Fallbrook Regional Health District's vision to offer and support services and programs that measurably improve physical and mental health, social engagement and increased life span and independence.

Agency Capability

Our 501(c)3 agency was established in 1979, and most of the programs we operate today have been successfully serving seniors in this community since the early 2000s. These programs we began over two decades ago continue to fill a gap in the health and wellbeing of local seniors, while providing affordable options for low-income families. In 2021, we provided direct services to approximately 1,100 clients through at least one of our interrelated programs.

Our Door through Door program is our newest program, introduced in 2016, initially as a pilot program with Tri-City Hospital. This program integrates two of our existing services into one comprehensive system of providing both transportation and case management services to seniors and disabled adults who are classified as high risk for falls and hospital readmission, designed to keep patients from returning home to an environment where there is little to no support. Since 2018, a collaboration with North County Fire has enabled our Door Through Door Coordinator to respond much more quickly to a hospitalized senior.

Since 2017, we have contacted 500 seniors and disabled adults through this program and have worked closely with area hospital and Skilled Nursing Facility (SNF) Discharge Planners and family members to ensure that, prior to hospital or SNF discharge, the appropriate care needs are addressed, reducing the likelihood of falls and readmissions. Several years ago, we introduced the Senior Buddy program, staffed by volunteers. These volunteers make help make wellness calls to check in on high-risk, isolated seniors.

Agency Collaborations

While we collaborate with many agencies, our primary collaborations within this Door Through Door program are with North County Fire Protection District (NCF), Temecula Valley Hospital, Tri-City Hospital, Palomar Hospital, Fallbrook Skilled Nursing, and numerous other hospital and skilled nursing facilities. Our referrals typically come to us through NCF, based on 911 calls for falls or seniors in need. However, occasionally the hospitals contact us directly, or a family or neighbor may contact us when someone has been discharged and needs help. We also work with many caregiving agencies and individuals to help setup care for recently or soon-to-be discharged patients. Finally, we work with volunteers to coordinate any home modifications to help mitigate safety risks and to build wheelchair ramps when needed.

Since the health and care needs of recently hospitalized patients vary considerably, our Door Through Door team may reach out to any number of our other formal and informal partners, including Fallbrook Regional Health District (COVID testing, vaccination and other health-related events), San Diego County Sheriff's Office - You Are Not Alone (YANA), Adult Protective Services, Gary and Mary West PACE, North County Parkinson's Support Group, Fallbrook Food Pantry, Meals on Wheels, In Home Support Services, Traveler's Aide San Diego, Fallbrook Senior Center, Elder Law & Advocacy, San Diego County Aging and Independent Services, Age Well San Diego, Veteran's Administration, many hospice agencies, most local area in-home caregiving agencies, independent and assisted living residential communities, and other medical offices and clinics.

Target Population - Age

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

Gender

	Percent of program participants
Female	55
Male	45
Non-binary	
Unknown*	

Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	10
Very Low (50%) Income Limits, ceiling of \$53,500	20
Low (80%) Income Limits, ceiling of \$85,600	30
Higher Than Listed Limits	40
We do not collect this data (indicate with 100%)*	

*Target Population - Income Level

We do not gather income data for all of our clients. However, a qualitative review of our clients' needs includes a high number of Medi-Cal and other low-income support programs. Hence, the target population breakdowns are estimates, based on our assessment that over half of our clients fall into HUD low to extremely low-income brackets.

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

135

Social Determinants of Health (SDOH)

Program/Services Description - Social Determinants of Health

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

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

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

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

Program/Services Description - FRHD Community Needs Assessment

Health (Diabetes - prevention, management)

Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)

Mental Health (Social Support - Youth or Families)

Health (Mobility)

Health (Age Related Deficits)

Health (Healthy Food/Nutrition)

Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

Statement of Need/Problem

The Door-Through-Door (DTD) Program's relevance can best be understood by examining our local community: Seniors aged 60 and over make up approximately 28.5% (about 14,031 residents) of the greater Fallbrook population. According to the American Community Survey of 2019, of those 60+, it is estimated that 1,748 of them live alone. Although we do not have census numbers to support it, our experience is that a large portion of local seniors do not have family support at all, or their family lives out of the area and is unavailable to help with daily needs. Without family nearby to assist with the hospital discharge process and, even more critical, after-home care and follow-ups, there is a high likelihood of a hospital readmission. These are necessary steps that align with the Social Determinants of Health and Health Care as well as Social Cohesion, where relationships and solidarity among community members prove essential for an individual's physical and psychosocial wellbeing. A 2011 study from The New England Journal of Medicine found 19.6% of Medicare beneficiaries discharged from a hospital were readmitted within 30 days, and 34.0% were readmitted within 90 days. 51.5% of those released after surgical procedures were readmitted or died within the first year after discharge. California ranks in the second-highest tier for hospital readmission rates. "Housing instability, food insecurity, transportation challenges, and other social determinants of health may also spur patients to seek hospital care after discharge", explained Byran Cote, Managing Director at Berkeley Research Group. The Door Through Door program can address all of these needs, and more, to increase the likelihood of a safe and healthy recovery, drastically reducing the chances of a hospital readmission.

<https://www.nejm.org/doi/full/10.1056/nejmsa0803563>

<https://revcycleintelligence.com/news/3-strategies-to-reduce-hospital-readmission-rates-costs>

<https://data.census.gov/cedsci/table?q=Fallbrook%20CDP,%20California&tid=ACSST5Y2019.S0102>

Statement of Need/Problem - Others

There are no other programs in our area that fulfill this need. Local hospitals often call our Door Through Door resources when having difficulty reaching family members or having doubts about whether the patient may have the support they need at home. Without our program, the discharge planners would have to rely on the patient's word that they have support...a word that is coming from someone who is desperate to get out of the hospital, without regard to how they will manage their own care. A hospital may order in-home care prior to discharge, but often it takes 2-3 days before a caregiver arrives. Our home visit can identify if food resources are needed and remove fall risk hazards early on. There are many collaborations that may take place, but our unique Door Through Door program facilitates the coordination of such needed resources.

Program/Services Description - Program Entry

Our primary source for clients entering our Door through Door program is through a partner referral from North County Fire (NCF). When they respond to 911 calls involving a senior, especially one who has fallen or they observe needs other help, the patient is asked to sign a release to participate in the program. The NCF paramedic completes a referral form with all the pertinent information on the patient. Once every week or so, NCF brings us these referral notices and our Advocates get to work on making calls to find out the patient's current status. If the patient is not already in our system, they enter the patient's information into our system and begin to record pertinent notes.

Sometimes our referrals come from local hospitals or skilled nursing facilities. Knowing of our program, if/when they have a senior patient that they believe will need support, or even just a ride home after discharge, they will contact our Door through Door program to make a referral. Again, our Advocates engage upon getting that referral, enter the patient into our system, then check in on the patient either via phone or in person.

Finally, sometimes our referrals come from our clients themselves or from family or neighbors who are concerned or know that help is needed.

For all referral types, we always reach out to gain the patient's consent for help, assess and document their needs, then create and follow a plan of action. We conduct regular surveys for feedback.

Program/Services Description - Program Activities

It takes one phone call to set up services with our DTD Coordinator, who works closely with our other Senior Care Advocates and our Transportation Team, as needed.

The DTD Service fills a critical gap in care by securing resources, like in-home county support services, upon a patient's hospital discharge. The liaising between the hospital, the patient, and their family builds upon the social capital that can better safeguard against hospital readmission and quicker recovery for our clients. Whenever one of our Advocates has a relationship with a referred senior, the DTD Coordinator has knowledge of, or access to prior Advocate notes regarding the senior's living situation, social, nutritional and environment needs. Our Coordinator ensures that a discharge-to-home can be done safely, helps to arrange appropriate home or alternate care or safe transition to another care facility, sometimes even delaying a discharge or getting the hospital to change the discharge plan when it is evident that the current discharge plan will cause harm or risk to the patient. The DTD Coordinator almost always helps the client and their family navigate the complex healthcare system, educating them about their options, questions they should ask, and transitional plans. When we reach a senior or disabled adult who has already been discharged, we assess if their needs are being met, and support resources are engaged.

CMS has recognized an increased demand for the care advocate and transportation services from local hospitals and skilled nursing facilities. Our Coordinator will work with family members or caregivers to retrofit the home, when necessary, to accommodate a senior using a walker, wheelchair, or scooter. Depending on the situation, a home visit may take place to guarantee the safety of the home environment *before* the patient returns home – these home visits will often trigger calls to volunteers to help install wheelchair ramps, grab bars, smoke alarms, or other safety equipment. At times, the DTD Coordinator may also provide a ride home from the hospital for a senior who does not have local family support.

Once a client is home and stabilized, our Coordinator, assisted by our other Care Advocates, will follow up with home visits, assist the client with transportation to subsequent health provider visits, and establish support for medical equipment and other rehabilitative systems, addressing the Healthcare Access and Quality Social Determinants.

Program Goal #1

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

Program Objectives - Goal #1

Objective 1: Increase the number of DTD referrals by 15% over FY 2020-2021, to allow us to reach at least 137 clients. Conduct updated in-services to North County Fire personnel and local hospital and skilled nursing personnel.

Objective 2: Actively provide interventions, referrals, and/or education services for at least 70% of referred clients (96 people). (Note that some referred clients refuse help, or do not survive the hospital stay.)

Objective 3: Successfully prevent a wrongful or unsafe discharge from a healthcare facility in at least 50% of such identified cases.

Program Outcomes/Measurables - Goal & Objectives #1

1. The number of new and existing Door Through Door clients, as captured by our software program
2. The overall number of activities (emails, faxes, phone calls, referrals, etc.) for all clients, the percent of those clients who had more than one activity listed, and the breakdown of types of activities as captured by our software program. (It is assumed that only 1-2 listed activities implies that our service was denied, or patient otherwise could not be served.)
3. The number of unsafe or wrongful discharge discussions our DTD Coordinator engaged in, and the number of those for whom the DTD Coordinator actively facilitated an alternate placement or intervention to be put in place prior to discharge. While this is a subjective measure, it is at the heart of this program, and is one of the key outcomes we aim to achieve – to prevent hospital readmissions that arise due to ill-equipped home support. For purposes of this grant, unsafe or wrongful discharge situations are defined as those discharges that our Door Through Door Coordinator feels, based upon awareness of a client’s health status, as well as their home environment and support status, would put our client’s health and wellness at risk. For example, a discharge that is delayed a day so that home care can be arranged, an alternate placement to a non-acute care facility rather than to home or a poorly operated facility, are considered situations that prevent an unsafe discharge.

Anticipated Acknowledgment

Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

Anticipated Acknowledgment

- The FRHD logo will be affixed to the sides of our Care Vans.
- We will include the FRHD logo and official sponsor designation in company-wide emails
- Our organization brochure will feature the FRHD logo and official sponsor language
- FRHD logo and sponsor status will appear on our website and in promotional event emails
- FRHD logo and support will be highlighted at our annual fundraiser
- We will promote District events every month via the following social media platforms: Facebook, Instagram.
- Our staff email signature lines will include the FRHD logo and grant supporter statement

Grantor	Program/Project	Amount Requested
<i>SUBMITTED 202</i>		
Legacy - Elizabeth Wilson Grant	DTD - \$5000	\$ 5,000.00
The San Diego Foundation	Age Friendly Communities 2021 for all 4 programs (combined): Advocacy Door Through Door Transportation Adult Day Program	\$ 30,000.00

Amount Awarded	Date Submitted	Status	Month/Year of Funding
21			
\$ 5,000.00	07/29/21	Approved	Nov-21
\$ -	8.12.21	Declined	Oct-21



Board of Directors 2021

Officers	
<p>Roger Shaver <i>President</i></p> <p><i>rshaver@email.com</i></p>	<ul style="list-style-type: none"> ○ Pharmacist - U S Navy (Retired) ○ Past Pharmacy Director Menifee Valley Medical Center ○ Past Pharmacy Director Fallbrook Hospital ○ Life Member Military Officers Association of America ○ Life Member Veterans of Foreign Wars ○ Life Member and Past Commander Disabled American Veterans Chapter 95 Oceanside CA ○ Sea West Federal Credit Union (formerly on Board of Directors) ○ Menifee Valley Medical Center Foundation (formerly on Board of Directors)
<p>Mike McReynolds <i>Past President</i></p> <p><i>mikem@mbarccarports.com</i></p>	<ul style="list-style-type: none"> ○ Founder of M Bar C Carports, Inc. ○ Served on the Board of Public Office, Vista Fire Protection District ○ Fraternal-Past Master, Culver City-Foshay Masonic Lodge #467 ○ Youth Leadership- Honorary American Degree, National Future Farmers of America
<p>Mark Haskell <i>1st Vice President</i></p> <p><i>haskclan@roadrunner.com</i></p>	<ul style="list-style-type: none"> ○ Member of Christ the King Lutheran Church ○ Served as an Officer/ Member of Orange County Fire Marshal, Metro Cities Fire Dispatch, Central Net Operations Authority
<p>Carlos Perez <i>2nd Vice President</i></p> <p><i>carlosperez@AQhomecare.com</i></p>	<ul style="list-style-type: none"> ○ Owner/Operator, Affordable & Quality Home Care



<p>Barbara Creech <i>Secretary</i></p> <p><i>Bjcreech03@gmail.com</i></p>	<ul style="list-style-type: none">○ Operations Director (Retired)
<p>Herb Baker <i>Treasurer</i></p> <p><i>herb@herbbaker.com</i></p>	<ul style="list-style-type: none">○ Operations and Controller (Retired)○ Served on the Board of University of San Diego, College for Men○ Fallbrook Rotary Club○ Eucharistic Minister, San Rafael's Catholic Church



Other Board Members	
Cecilia Brown <i>Cmbrownplus@yahoo.com</i>	<ul style="list-style-type: none"> ○ Medicare Broker
Sarah Eckhardt <i>Nordicprincess74@yahoo.com</i>	<ul style="list-style-type: none"> ○ Licensed Vocational Nurse ○ Owner/Operator, Angels Among Us, Vista CA
Gail Jones <i>gjonesjag@gmail.com</i>	<ul style="list-style-type: none"> ○ Owner of Alvarado Veterinary Hospital in Fallbrook. ○ Member of Fallbrook Rotary Club ○ Treasurer of St. John's Episcopal Church
Robert Pace <i>Espirit1@roadrunner.com</i>	<ul style="list-style-type: none"> ○ MD, Orthopedic Surgeon (Retired)
Lougene Williams <i>lougenewilliams@sbcglobal.net</i>	<ul style="list-style-type: none"> ○ Senior Manufacturing Executive (Retired) ○ Served on Personnel Committee at church ○ SCORE Volunteer

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020 , and ending , 20	
B Check if applicable:	C
<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	Fallbrook Healthcare Foundation Inc. PO Box 2155 Fallbrook, CA 92088
	D Employer identification number 95-3389263
	E Telephone number 760-723-7570
	G Gross receipts \$ 2,028,672.
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions</small>
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	F Name and address of principal officer: Same As C Above
J Website: ▶ https://foundationforseniorcare.org/	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: M State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Its purpose is to provide programs and resources enabling seniors to enhance their well-being and give them a more meaningful life. The geographic areas served include Fallbrook, Bonsall, Rainbow, DeLuz, southwest Temecula and areas of North County San Diego.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2020 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	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			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	312,934.	1,047,980.
	9	Program service revenue (Part VIII, line 2g)	80,384.	87,369.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,846.	8,077.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,105.	41,713.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	499,269.	1,185,139.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	292,394.	627,241.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>164,810.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	156,809.	378,187.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	449,203.	1,005,428.	
19	Revenue less expenses. Subtract line 18 from line 12	50,066.	179,711.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,067,578.	1,302,241.
	21	Total liabilities (Part X, line 26)	52,334.	60,574.
22	Net assets or fund balances. Subtract line 21 from line 20	1,015,244.	1,241,667.	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 314,850. including grants of \$ 217,892.) (Revenue \$ 408,895.)

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

4b (Code:) (Expenses \$ 235,124. including grants of \$ 216,660.) (Revenue \$ 170,721.)

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

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

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

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

4e Total program service expenses 549,974.

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 Revenue Procedure 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>	11 a 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>	11 b	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>	11 c	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>	11 d	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>	11 e 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>	11 f	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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	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
28b	A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O.	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?		
15 a	a The organization's CEO, Executive Director, or top management official. See Schedule O.	X	
15 b	b Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16 a	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
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O) See Sch. O
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 Perla Hurtado 135 S Mission Road Fallbrook CA 92028 (760) 723-7570

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Karen A Geuy Interim Executive Director	40 0				X		77,251.	0.	0.	
(2) Keith Birkfield Executive Director	40 0				X		48,224.	0.	0.	
(3) Barbara Creech Director	1 0	X					0.	0.	0.	
(4) Jerry Kalman 2nd Vice Pres	1 0	X		X			0.	0.	0.	
(5) Roger Shaver President	2 0	X		X			0.	0.	0.	
(6) Carlos Perez Director	2 0	X					0.	0.	0.	
(7) Mike McReynolds Past President	2 0	X		X			0.	0.	0.	
(8) Cecilia Brown Director	2 0	X					0.	0.	0.	
(9) Laurene Soper Director	1 0	X					0.	0.	0.	
(10) Robert Pace Director	2 0	X		X			0.	0.	0.	
(11) Herb Baker Treasurer	1 0	X		X			0.	0.	0.	
(12) Laura Holck Director	1 0	X					0.	0.	0.	
(13) Mark Haskell Secretary	1 0	X		X			0.	0.	0.	
(14) Gail Jones Director	1 0	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15) Lougene Williams Director	1 0	X					0.	0.	0.	
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal							125,475.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							125,475.	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 6,200.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,041,780.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f	▶ 1,047,980.				
	Program Service Revenue	2 a <u>Service fees</u>	Business Code	87,369.	87,369.	
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 87,369.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 9,802.	9,802.			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	6 a	(i) Real	(ii) Personal		
		b Less: rental expenses	6 b			
		c Rental income or (loss)	6 c			
		d Net rental income or (loss)	▶			
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales expenses	7 b			
		c Gain or (loss)	7 c			
		d Net gain or (loss)	▶ -1,725.		-1,725.	
	8 a Gross income from fundraising events (not including \$ 6,200. of contributions reported on line 1c). See Part IV, line 18	8 a		41,713.		
		b Less: direct expenses	8 b			
		c Net income or (loss) from fundraising events	▶ 41,713.			41,713.
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
	b Less: direct expenses	9 b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	10 a					
	b Less: cost of goods sold	10 b				
	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	▶ 1,185,139.		95,446.	0.	41,713.

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	125,475.	71,521.	38,897.	15,057.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	436,247.	246,282.	144,214.	45,751.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	14,717.	7,669.	5,513.	1,535.
10 Payroll taxes	50,802.	29,745.	16,073.	4,984.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,869.	10,149.	3,220.	500.
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 Schedule O.)	24,282.	7,824.	2,918.	13,540.
12 Advertising and promotion	24,472.	3,880.	2,777.	17,815.
13 Office expenses	8,088.	2,971.	4,440.	677.
14 Information technology				
15 Royalties				
16 Occupancy	18,252.	6,790.	11,016.	446.
17 Travel	16,545.	16,349.	196.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,169.		4,169.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,301.		47,301.	
23 Insurance	9,919.	7,823.	2,096.	
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 <u>Events & programs</u>	161,524.	110,321.	-384.	51,587.
b <u>Utilities</u>	16,139.	11,065.	3,775.	1,299.
c <u>Printing and Publications</u>	9,854.	6,313.	1,550.	1,991.
d <u>Bank / credit card fees</u>	6,909.	4,104.	229.	2,576.
e All other expenses	16,864.	7,168.	2,644.	7,052.
25 Total functional expenses. Add lines 1 through 24e	1,005,428.	549,974.	290,644.	164,810.
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.....	76,067.	1	122,837.
	2 Savings and temporary cash investments.....		2	
	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.....		8	
	9 Prepaid expenses and deferred charges.....	1,200.	9	20,446.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 850,570.		
	b Less: accumulated depreciation.....	10b 412,567.	485,304.	10c 438,003.
	11 Investments – publicly traded securities.....	505,007.	11	720,955.
	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).....	1,067,578.	16	1,302,241.	
Liabilities	17 Accounts payable and accrued expenses.....	22,994.	17	28,704.
	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.....		23	
	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.....	29,340.	25	31,870.
	26 Total liabilities. Add lines 17 through 25.....	52,334.	26	60,574.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	933,241.	27	1,167,164.
	28 Net assets with donor restrictions.....	82,003.	28	74,503.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.....	1,015,244.	32	1,241,667.
33 Total liabilities and net assets/fund balances.....	1,067,578.	33	1,302,241.	

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	1,185,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,005,428.
3	Revenue less expenses. Subtract line 2 from line 1	3	179,711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,015,244.
5	Net unrealized gains (losses) on investments	5	46,712.
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	1,241,667.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?		X
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 Single Audit Act and OMB Circular A-133?		X
3b	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		