

## Organization Information

### Legal Name

Palomar Family Counseling Service, Inc.

### DBA (if Applicable)

n/a

## Program Name/Title

Healthy Bodies, Healthy Minds

## Brief Program Description

Mental health is foundationally tied to physical health and quality of life. Healthy Bodies, Healthy Minds is an integral part of the comprehensive services we provide. In partnership with FRHD, we reduce disparities in access to professional, affordable, culturally competent, mental health services. Everyone should look forward to tomorrow.

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

Established Program

## Program Information - Type

Ongoing

## Requested Amount

51860

## Organization's Mission Statement

Our enduring mission is to support and strengthen children, youth, adults, families, schools and communities.

## Organization's Vision Statement

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

## Agency Capability

Mental health is foundationally and fundamentally tied to physical health, the prevention of serious health conditions, and the practice of healthy behaviors. Over the past six years, Healthy Bodies, Healthy Minds has become an integral part of a full range of comprehensive mental and behavioral health services provided by PFCS. Where barriers to access exist (e.g., eligibility, financial, transportation, cultural, language, waiting lists, lack of insurance, family dysfunction), HBHM has been the resource to address service-delivery gaps and provide convenient, affordable access to individuals who would not otherwise receive services.

Our clientele includes children, adolescents, families and adults who are often low income and struggle with emotional and mental health problems, behavioral issues, stress, isolation, and insufficient support systems. Over 60% of those we serve are Latino, many are Spanish only speakers. In partnership with the FRHD we have been instrumental in reducing the disparity in access to professional, culturally competent, mental and behavioral health services.

Our outcomes range from a 5-year-old developing skills to manage his behavior and emotions, to the young adult overcoming years of emotional scars in order to find and maintain employment, to parents achieving a sense of social connection and resilience, to seniors learning to live again after the loss of a spouse.

The opportunity to help individuals achieve better mental health becomes the cumulative accomplishments that enables a diverse society to lead mentally and physically healthy lives, now and for generations to come.

### Agency Collaborations

Effective collaboration reduces barriers to mental health care that is equitable, high quality, efficient, and affordable. Our long-standing relationships with district elementary and high schools ensure that students in need are connected to the right level of service. Ongoing collaboration with the Boys and Girls Club enhances the ability to reach students after school. We participate in the Student Attendance Review Board. Jack E. Johns Family Health Center and PFCS continue to mutually refer clients.

A new collaboration with Foundation for Senior Care will connect seniors to qualified mental health services by eliminating barriers to access. Community Housing Works and PFCS will partner to offer evidence-based educational programs that promote healthy development, support children, youth, and their families and increase their resilience.

In 2023/24, we will develop innovative strategies to improve the social, cultural, and environmental determinants of health and reduce mental health disparities. We believe that ongoing collaboration between the education and mental health sectors and new collaborations with senior services and providers of affordable community housing options will be a necessary step to ensure that area residents can lead healthy, productive lives.

### Target Population - Age

	Percent of program participants	Estimated number of participants
Children (infants to 12)	58	73
Young Adults (13-17)	10	12
Adults (18-60)	27	34
Seniors (60+)	5	6
We do not collect this data (indicate with 100%)*		

### Target Population not collected - Age

NA

## Gender

	Percent of program participants
Female	54
Male	45
Non-binary	1
Unknown*	

### \*Target Population - Gender

NA

## Income Level

	Percent of program participants
Extremely Low-Income Limits, ceiling of \$32,100	
Very Low (50%) Income Limits, ceiling of \$53,500	25
Low (80%) Income Limits, ceiling of \$85,600	64
Higher Than Listed Limits	7
We do not collect this data (indicate with 100%)*	4

### \*Target Population - Income Level

NA

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

125

## Social Determinants of Health (SDOH)

### Program/Services Description - Social Determinants of Health

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)

### Statement of Need/Problem

Before the pandemic, mental health challenges were the leading cause of poor life outcomes in young people, with up to 1 in 5 having a mental, emotional, or behavioral disorder. Two years of disruption has taken a toll, worsening mental health, particularly for people of color from low-income families. Tragically, almost 80% of children with mental illness do not receive treatment. <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm>

Recent national surveys of young people have shown alarming increases in the prevalence of certain mental health challenges. Since 2019, one in three high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009. Data from the 2020-21 California Healthy Kids Survey finds that 1 in 5 students in the Fallbrook District report chronic sadness and social emotional distress: 1 in 7 report suicide ideations. <https://data.calschls.org/resources/FallbrookUnionElementary2021SecCHKS.pdf>

*The need for quality, accessible, community-based mental health services is well-established and is exceeding capacity. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-You-Are-Not-Alone-FINAL.pdf> Over the past 6 years, the number of individuals referred to PFCS has steadily increased. Similar to last year, referrals to HBHM when youth do not meet eligibility criteria for County services has increased by over 40%.*

*Mental health conditions such as anxiety, depression, and substance use problems affect 14.5% percent of people over the age of 50. Meeting older adults with services where they are instead of expecting them to navigate complex systems and requirements is identified as a high need by local providers. Finally, data collected by our local website designer identifies couples or marriage counseling as the most searched for mental health service, 50 times greater than any other counseling need.*

*The priorities addressed in HBHM are consistent with priorities identified by Healthy People 2030. <https://health.gov/healthypeople> Our work with children and youth will continue to focus on: Social & Community Context, Health Care Access & Quality, Education Access & Quality. Our work with adults will continue to focus on Social & Community Context and Health Care Access & Quality. Social & Community context: Increase the proportion of children, adolescents and adults who show resilience to challenges and stress. Decrease the suicide rate.*

*Health Care Access & Quality: Increase the proportion of children and adolescents with anxiety and/or depression and behavioral problems who receive evidence-based treatment. Increase the proportion of adults with depression, anxiety, and mental illness who get treatment.*

*Education Access & Quality: Increase the proportion of children and adolescents who receive evidence-based preventive mental health interventions in school programs.*

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

Many people are suffering alone. They do not meet eligibility requirements for public services, there are long waiting lists for services offered through insurance, school counselors can only respond to the immediate and urgent and typically provide services that are preventive and universal in nature, and families are simply overwhelmed, economically and emotionally. Fees for therapists in private practice are often prohibitive for low-income families.

The Jack E. Johns Family Health Center provides clinic-based behavioral health services for adults and children over aged 9. This can be very helpful for adolescents or adults requiring psychotropic medication support and who can travel to the center.

Mental Health Systems operates its BPSR Kinesis program to serve adults (18+) with serious and persistent mental health issues, a much-needed program largely serving a different population.

The entire system struggles with attracting qualified bilingual therapists.

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

For services based in Expanded Learning Opportunity Programs (ELO-P) operated by Fallbrook Union Elementary School District (FUESD), HBHM will accept written referrals directly from teachers and counselors. Once a referral is received, staff connect with parents to conduct an intake assessment

and identify the plan for providing therapy services. The Boys and Girls Club refer children in a similar way.

For office-based services for children, youth, or adults, referrals are accepted from area residents who contact the office by telephone during regular business hours or by using contact forms embedded in our website. An intake assessment is completed and preliminary arrangements are made for therapy sessions to begin.

We will continue to offer telehealth services to allow for greater and more convenient access and will add home mental health counseling services, particularly for seniors and those who might lack access to reliable transportation.

For wellness groups or workshops individuals will sign up by directly contacting the office.

At two months post discharge, all clients or the parents of children receiving individual therapy will be contacted by telephone or by email for follow up to determine level of satisfaction and if progress was maintained. As needed, services may be restarted, or the family may be referred to a higher or lower level of service as appropriate.

For individuals in group services or those participating in wellness workshops, satisfaction surveys will be conducted at the end of each group session.

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

Mental health affects every aspect of our lives: how we feel about ourselves and the world; solve problems, cope with stress, and overcome challenges; build relationships and connect with others; and perform in school, at work, and throughout life. Mental health encompasses our emotional, psychological, and social wellbeing, and is an essential component of overall health.

HBHM will help meet the mental health needs of area children, youth, adults, and families through continued provision of community-based services. We provide a continuum of supports to meet mental health needs, including evidence-based prevention practices and trauma-informed mental health care. Our services include individual, family and group counseling for children and youth, individual and couples counseling for adults and wellness workshops for youth and adults.

**After School Counseling for Children & Youth:** After school services include a consultation and needs assessment with parents or caregivers and consultation with the referring party and other assessment sources. After school interventions target social skill coaching, cognitive behavioral therapy and solution-focused treatment in order to improve functioning, increase coping skills, and promote prosocial behaviors. These services are provided in partnership with the FUESD's Expanded Learning Opportunities (ELO) Programs at three local schools. After school counseling services are traditionally offered individually, prioritizing children and youth with higher needs and those at higher risk of mental health challenges.

**Enrichment Services for Children & Youth:** Small group services will be delivered to students after school at the Fallbrook Boys & Girls Club. Like after school counseling services, this method of serving youth where they already are is highly beneficial to youth, families, and the social milieu served. It also allows us to work collaboratively and cooperatively with the Club to tackle the issues that come up in real time, such as bullying and aggression. Small groups focus on issues and topics that equip children with foundational mental health skills needed now and for their future (e.g., understanding thoughts and feelings, relaxation skills, managing intense emotions, mindfulness).

**Children, Youth, Adult, Couples, & Family Counseling:** We will continue outreach to the community to inform all area residents that no or low-cost counseling services funded by FRHD are available. Individual, couple, or family counseling will be offered at either our clinical office or via telehealth. For

individual, family, or couples counseling we will continue to offer to the greatest extent possible Spanish language services. For some, particularly seniors and those with physical access issues, we will begin offering in-home services.

Wellness Workshops: Workshops are offered at selected community locations including the Wellness Center and Community Housing Works and are tailored to those most at risk due to poverty, adverse children experiences, and trauma. Workshops promote understanding and responding to mental health challenges, healthy behaviors and increased resilience for youth, adults and families.

## **Program Goal #1**

Ensure that residents of the Fallbrook Regional Health District have access to and receive high-quality, affordable, and culturally competent mental health care in order to enhance overall well-being and quality of life, particularly for low-income and minority communities.

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

Children and Youth: Provide after school, office-based or telehealth counseling services to 70 referred children and youth between July 1, 2023 and June 30, 2024 individually or in small groups, in order to improve behavioral, emotional, and/or social functioning.

Adults: Provide office based or telehealth counseling to 20 self-referred adults between July 1, 2023 and June 30, 2024 in order to improve mental, behavioral, emotional, and/or social functioning.

Wellness Workshops: Offer 4 community-based wellness workshops to 20 self-referred adults and 15 self-referred children and teens in order to increase the number of individuals who show resilience to challenges and stress, take part in healthy behaviors and develop foundational mental health skills needed now and for their future.

Satisfaction: Provide effective counseling services that meet the needs of 125 area residents, in order to create an environment where the full potential for health and well-being can be met.

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

#### **Outcome Measure 1 (a): (children & youth)**

75% of children and youth who complete 5 or more sessions of individual therapy will improve mental health functioning as measured by improvements in scores on the *Columbia Impairment Scale administered pre and post counseling and therapist observations* recorded on HIPAA compliant electronic data sheets.

#### **Outcome Measure 1 (b): (children & youth)**

75% of students who complete 5 or more sessions of group counseling will improve social-emotional functioning as measured by therapist and staff reports recorded on HIPAA compliant electronic data sheets.

#### **Outcome Measure 2: (adults)**

80% of adults who complete 5 or more sessions of individual counseling will improve mental health functioning as measured by improvements in scores on *standardized screening instruments* (PHQ-9, the Hamilton Anxiety Scale, or the GAD-7) administered pre and post counseling *and therapist observations* recorded on HIPAA compliant electronic health records.

#### **Outcome Measure 3 (Wellness groups)**

80% of individuals who participate in wellness workshop series will recommend these workshops to a friend or family member and report improved awareness of social-emotional functioning and other

aspects of mental health on self-report surveys administered after each workshop series.

### Outcome Measure 4 (Satisfaction)

80% of individuals (adults, families of children) who receive counseling services between July 1, 2023 and June 30, 2024, will rate their satisfaction with services as good or excellent, on a 5-point scale administered 1 month post treatment via an anonymous electronic survey.

## Anticipated Acknowledgment

### Anticipated Acknowledgment

Social Media Postings

Signage at Service Sites

Print Materials to Service Recipients

Website Display

Other

### Anticipated Acknowledgment

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

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

### Terms and Conditions

Accepted

### Authorized Signature





# BOARD OF DIRECTORS

October 2022 - September 2023

## Officers

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Ron Rosol,  
Vice President

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Albert Trevisan,  
Secretary

Randy Garcia,  
Past President

Lisa Turner, LCSW  
Executive Director

1002 E. Grand Ave.  
Escondido, CA 92025  
760.741.2660 x800  
760.807.7143 (cell)  
lturner@pfcs.agency

### Darol Caster

28223 Red Stone Lane  
Escondido, CA 92026  
760.705.2487  
dcaster4@cox.net  
CPA / Banker, retired

### Dan Engelbrecht

1732 Mudge Lane  
Escondido, CA 92026  
760.741.7717  
barberdan@cox.net  
Business Owner

### Angel Gotay

537 Golf Glen Drive  
San Marcos, CA 92069  
951.541.6373  
agotay2@yahoo.com  
Education Administrator, retired

### Don Romo

751 Mockingbird Circle  
Escondido, CA 92025  
442.330.4563  
donromo@cox.net  
Consultant

### James Talley, Esq.

P.O. Box 462109  
Escondido, CA 92946  
760.310.6157  
jvtalley@sbcglobal.net  
Attorney At Law

### Karina Cazares

12043 Alta Carmel  
San Diego, CA 92128  
619.845.9520  
karinna.cazares@gmail.com  
Organizational Development Spec.

### Jeff Epp

1467 Rimrock Drive  
Escondido, CA 92027  
760.846.0617  
Wyolaw84@gmail.com  
City Manager, Retired

### Shelby King, PhD

1873 Guilder Glen  
Escondido, CA 92029  
847.903.5316  
shelbykinglight@gmail.com  
Director, Comm. & Pub., Halozyne

### Ronald A. Rosol

354 Hannalei Drive  
Vista, CA 92083  
760.585.5888  
judiandron.rosol@gmail.com  
Regional Manager, retired

### Judy Tillyer

2081 Garden Valley Glen #307  
Escondido, CA 92026  
760.747.0238  
jatillyer@gmail.com  
Education Administrator, retired

### Vi Dupre

4747 Oak Crest Road #57  
Fallbrook, CA 92028  
818.404.9750  
Vidupre43@gmail.com  
Health District Administrator, retired

### Randy Garcia

1502 Corte Capriana  
Escondido, CA 92026  
760.525.1312  
rtgarcia7@gmail.com  
Education Administrator, retired

### Jose Monforte

890 W. Valley Parkway  
Escondido, CA 92025  
760.525.9403  
josemonforte@hotmail.com  
Business Owner

### Elizabeth Stubblefield

13600 Fairlane Road  
Valley Center, CA 92082  
619-518-5085  
alabele2002@yahoo.com  
LMFT / Business Owner

### Albert Trevisan

43073 Calle Camellia  
Temecula, CA 92592  
951.383.8339  
ahtrevisan@yahoo.com  
Business Owner



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

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

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

**ASSETS**

**Current Assets**

**Checking/Savings**

First Republic Checking 597,157.80

FRB Merchant Services 36,987.36

**Total Checking/Savings** 634,145.16

**Total Accounts Receivable** 563,891.51

**Other Current Assets**

**Total Prepaid Expenses** 3,817.50

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

**Fixed Assets**

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

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

**Total Building-Fallbrook** 278,303.39

**Total Building-Vista** 207,950.62

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

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

**Land-Fallbrook** 35,814.00

**Land-Vista** 112,200.00

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

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

**Other Assets**

**Loan Fees** 9,229.88

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

**Security Deposit** 200.00

**Total Other Assets** 81,030.64

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

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

**Total Accounts Payable** 1,042.20

**Total Credit Cards** 1,276.49

**Other Current Liabilities**

**Clearing** 463.17

**Total Payroll Liabilities** 157,868.02

**Unearned Grant Revenue** 54,284.23

**Total Other Current Liabilities** 212,615.42

**Total Current Liabilities** 214,934.11

**Long Term Liabilities**

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

**Total Long Term Liabilities** 314,874.62

**Total Liabilities** 529,808.73

**Equity**

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

**Retained Earnings** 139,858.05

**Temporarily Restricted** 1,000.00

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

**Unrestricted - Designated Funds** 353,507.02

**Net Income** (9,321.65)

**Total Equity** 2,028,681.74

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

**Part I Summary**

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

**Part II Signature Block**

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

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

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

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

**SEE SCHEDULE O**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **3,435,529** including grants of \$ ) (Revenue \$ **3,915,533** )

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

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

**N/A**

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

**N/A**

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

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

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

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

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

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

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

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

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



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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) <b>DAROL H CASTER</b>	0.50									
TREASURER	0.00	X		X			0	0	0	
(2) <b>SHARON DISNEY</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(3) <b>VI DUPRE</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(4) <b>DAN ENGELBRECHT</b>	0.50									
VICE PRESIDENT	0.00	X					0	0	0	
(5) <b>RANDY GARCIA</b>	0.50									
PRESIDENT	0.00	X		X			0	0	0	
(6) <b>MARVIN GILBERT</b>	0.50									
SECRETARY	0.00	X		X			0	0	0	
(7) <b>ANGEL GOTAY</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(8) <b>DAVID LOPEZ</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(9) <b>JOSE MONFORTE</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(10) <b>GENE R. RAMOS</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(11) <b>RONALD ROSOL</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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			
(12) <b>JAMES M ROWE</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(13) <b>JAMES TALLEY</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(14) <b>JUDY TILLYER</b>	0.50									
BOARD MEMBER	0.00	X					0	0	0	
(15) <b>ALBERT TREVISAN</b>	0.50									
PAST PRESIDENT	0.00	X		X			0	0	0	
(16) <b>LISA M TURNER</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) 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 **u 0**

**Part VIII Statement of Revenue**

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

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

**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	72,429		72,429	
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	2,802,981	2,477,741	325,240	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,093	46,612	7,481	
9 Other employee benefits	351,000	302,456	48,544	
10 Payroll taxes	253,483	218,426	35,057	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,375	9,586	1,789	
c Accounting				
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.)				
12 Advertising and promotion	4,320	3,723	597	
13 Office expenses	46,545	39,246	7,299	
14 Information technology	21,965	18,927	3,038	
15 Royalties				
16 Occupancy	10,283		10,283	
17 Travel	9,305	8,018	1,287	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,420	1,115	3,305	
20 Interest	12,028		12,028	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,096	71,208	31,888	
23 Insurance	31,222	26,904	4,318	
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 <b>CONSULTING AND CONTRACT S</b>	182,564	171,721	10,843	
b <b>TELEPHONE</b>	61,989	53,416	8,573	
c <b>MAINTENANCE</b>	43,942	37,865	6,077	
d <b>UTILITIES</b>	32,007	27,580	4,427	
e All other expenses	86,359	51,481	34,878	
25 Total functional expenses. Add lines 1 through 24e	4,195,406	3,566,025	629,381	0
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	
<b>Assets</b>	1	Cash—non-interest-bearing	1,159,752	1	619,884
	2	Savings and temporary cash investments	58,824	2	72,955
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	428,621	4	638,956
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,900	9	1,857
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,162,491		
	10b	Less: accumulated depreciation	877,659	10c	1,284,832
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	200	15	200
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,918,064	16	2,618,684	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	583,997	17	161,018
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	349,541	23	333,289
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	933,538	26	494,307
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,924,703	27	1,964,040
	28	Net assets with donor restrictions	59,823	28	160,337
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	1,984,526	32	2,124,377	
33	<b>Total liabilities and net assets/fund balances</b>	2,918,064	33	2,618,684	

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization

**PALOMAR FAMILY COUNSELING SERVICE,  
INC**

Employer identification number

**33-0629248**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,556,267	3,598,791	4,177	202,272	360,179	7,721,686
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3,556,267	3,598,791	4,177	202,272	360,179	7,721,686
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						7,721,686

**Section B. Total Support**

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

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

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

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

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

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;"><input type="checkbox"/></span>						

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

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

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

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PALOMAR FAMILY COUNSELING SERVICE, INC

Employer identification number

33-0629248

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....			<b>61,533</b>	<b>60,340</b>	<b>56,505</b>
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....			<b>-581</b>	<b>4,079</b>	<b>6,753</b>
<b>d</b> Grants or scholarships .....				<b>-2,580</b>	<b>-2,630</b>
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....				<b>-306</b>	<b>-288</b>
<b>g</b> End of year balance .....			<b>60,952</b>	<b>61,533</b>	<b>60,340</b>

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u** .....
- b** Permanent endowment **u** .....
- c** Term endowment **u** .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>470,589</b>		<b>470,589</b>
<b>b</b> Buildings .....		<b>1,366,808</b>	<b>709,631</b>	<b>657,177</b>
<b>c</b> Leasehold improvements .....		<b>41,276</b>	<b>41,276</b>	
<b>d</b> Equipment .....		<b>72,739</b>	<b>72,739</b>	
<b>e</b> Other .....		<b>211,079</b>	<b>54,013</b>	<b>157,066</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....		<b>u</b>		<b>1,284,832</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</b>	

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization	<b>PALOMAR FAMILY COUNSELING SERVICE, INC</b>	Employer identification number <b>33-0629248</b>
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**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

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

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

**FORM 990 - ORGANIZATION'S MISSION**

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

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

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

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

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

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



Name of the organization

Employer identification number

PALOMAR FAMILY COUNSELING SERVICE,

33-0629248

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

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

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

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

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

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

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

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

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

u Attach to your tax return.

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

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

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

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

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

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

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

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

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

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

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

**Section A**

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

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

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

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# Covell, Jani & Pasch LLP



CERTIFIED PUBLIC ACCOUNTANTS

## Independent Auditor's Report

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

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

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

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

### **Auditor's Responsibility**

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

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

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

### **Opinion**

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

*Covell, Jani & Pasch LLP*

Escondido, California  
March 24, 2022

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

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

See independent auditor's report and notes to financial statements



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

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

See independent auditor's report and notes to financial statements



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

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

See independent auditor's report and notes to financial statements

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

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

See independent auditor's report and notes to financial statements

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

**A. ORGANIZATION**

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

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

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Adoption of New Accounting Standard

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

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

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

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

Basis of Accounting

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

Financial Statement Presentation

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

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

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

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

Cash and Cash Equivalents

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

Accounts Receivable

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

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

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

Use of Estimates

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

Property and Equipment

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

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

Impairment of Long-Lived Assets

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

Income Tax

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

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

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

Contributions

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

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

Contributed Goods and Services

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

Functional Allocation of Expenses

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

Advertising

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**C. AVAILABILITY AND LIQUIDITY**

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

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

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

**D. CASH FLOW INFORMATION**

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

**E. INVESTMENTS**

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

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

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

**F. PROPERTY AND EQUIPMENT**

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

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

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

**G. DEFERRED LOAN COST**

Deferred loan cost consists of the following at June 30:

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

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

**H. LINE OF CREDIT**

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



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

**I. LONG-TERM DEBT**

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

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

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

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

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

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

**J. CONCENTRATIONS OF CREDIT RISK**

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

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

**K. RESTRICTED NET ASSETS**

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

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

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

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

**Permanently Restricted**

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

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

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

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

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

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**K. RESTRICTED NET ASSETS (CONTINUED)**

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

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

**L. CONTRACT SERVICE REVENUE**

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

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

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

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

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**L. CONTRACT SERVICE REVENUE (CONTINUED)**

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

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

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

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

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

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

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**L. CONTRACT SERVICE REVENUE (CONTINUED)**

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

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

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

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

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

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

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

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

**M. REVENUE CONCENTRATION**

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**N. RETIREMENT PLANS**

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

**O. OPERATING LEASE ARRANGEMENTS**

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

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

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

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

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

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**O. OPERATING LEASE ARRANGEMENTS (CONTINUED)**

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

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

**P. COVID-19 PANDEMIC**

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

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

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

PPP loan

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

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

**PALOMAR FAMILY COUNSELING SERVICE, INC.**  
**NOTES TO FINANCIAL STATEMENTS**  
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**Q. CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT/ADOPTION OF ACCOUNTING POLICY (CONTINUED)**

PPP loan (Continued)

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

EIDL Advance

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

**R. RECLASSIFICATION**

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

**S. SUBSEQUENT EVENTS**

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



**FRHD CHC GRANT BUDGET FORM**

Agency Name: **Palomar Family Counseling Service, Inc.** PROGRAM NAME: **Healthy Bodies, Healthy Minds**

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)	<b>A</b>	<b>INDIRECT EXPENSES:</b>	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	<i>Building Repair &amp; Maintenance</i>	7,770.00	7,770.00		
	A2	<i>Telecommunications / IT &amp; Internet</i>	1,350.00	1,350.00		
	A3	<i>Utilities</i>	875.00	875.00		
	A4	<i>Professional Services</i>	1,050.00	1,050.00		
	A5	<i>Training &amp; Education</i>	840.00	740.00		100.00
	A6	<i>Insurance</i>	1,945.00	1,945.00		
	A7	<i>Office Supplies</i>	1,050.00	950.00		100.00
	A8					
	A9					
	A10					
	A11					
		<b>TOTAL INDIRECT EXPENSE</b>	<b>14,880.00</b>	<b>14,680.00</b>	<b>-</b>	<b>200.00</b>
	<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1	<i>Salary (Program Manager)</i>	30,000.00	15,000.00		15,000.00
	B2	<i>Salary (Therapist)</i>	52,000.00	2,240.00	23,760.00	26,000.00
	B3	<i>Salary (Therapist)</i>	31,200.00	31,200.00		
	B4	<i>Salary (Admin Aide)</i>	2,080.00	2,080.00		
	B5	<i>Salary (Dir. Development &amp; Comm.)</i>	4,000.00	4,000.00		
	B6	<i>Salary (Senior Accountant)</i>	2,125.00	2,125.00		
	B7	<i>Salary (Executive Director)</i>	2,450.00	2,450.00		
	B8	<i>Payroll Expenses (WC, taxes)</i>	13,898.00	7,748.00		6,150.00
	B9	<i>Benefits</i>	7,412.00	4,132.00		3,280.00
	B10	<i>Other: specify</i>				
		<b>TOTAL PERSONNEL EXPENSE</b>	<b>145,165.00</b>	<b>70,975.00</b>	<b>23,760.00</b>	<b>50,430.00</b>
	<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1	<i>Program Supplies &amp; Materials</i>	1,200.00	350.00	500.00	350.00
	C2	<i>Advertising, Fingerprinting, TB tests</i>	240.00	60.00		180.00
	C3	<i>Printing/Duplicating</i>	1,000.00	600.00		400.00
	C4	<i>Travel/Mileage</i>	500.00	200.00		300.00
	C5					
	C6					
	C7					
	C8					
	C9					
	C10					
	C11					
	C12					
	C13					
	C14					
	C15					
		<b>TOTAL OTHER EXPENSES</b>	<b>2,940.00</b>	<b>1,210.00</b>	<b>500.00</b>	<b>1,230.00</b>

W X Y Z

<b>D</b>	<b>TOTAL ALL EXPENSES</b>	PROGRAM COST	% REQUESTED FROM FRHD
		<b>\$ 162,985.00</b>	<b>32%</b>

**2) FUNDING SOURCES**

<b>E</b>	<b>FUNDS FOR PROGRAM</b>		
E1	APPLYING ORGANIZATION	<b>X</b>	86,865.00
E2	OTHER FUNDERS	<b>Y</b>	24,260.00
E3	REQUESTED FROM FRHD	<b>Z</b>	51,860.00
	<b>TOTAL FUNDING SOURCES</b>		<b>\$ 162,985.00</b>

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

**3) % OF AGENCY BUDGET**

<b>F</b>	<b>CALCULATE % of Total Agency budget that this Program represents.</b>	<b>\$ 5,291,628.00</b>	<b>\$ 162,985.00</b>	<b>3%</b>
		AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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



**Agency Name:** Palomar Family Counseling Service, Inc.  
**Program Name:** Healthy Bodies, Healthy Minds

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

**Total Project Budget (Current Fiscal Year)** \$ 162,985.00

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

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

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

Source of funds	\$ Amount	Percent of Total	One-time funding? (Yes/No)	\$ Amount	Percent of Total	One-time funding? (Yes/No)
Federal						
State						
City/County*	3797836	71.77%	varies			
Other Govt.	60000	1.13%	varies			
Proposed FRHD				51860	31.82%	no
Fees for Service	556817	10.52%	no	50665	31.09%	no
Grants (non-gov't)	33699	0.64%	yes	500	0.31%	yes
General Donations	39733	0.75%	varies	5000	3.07%	varies
Other Internal Organizational Fundraising						
Other (list):						
School District contracts	801408	15.14%	no	23760	14.58%	no
Misc. Revenue	2135	0.04%	varies			
In-Kind				31200	19.14%	no
<b>Total</b>	<b>\$5,291,628.00</b>	<b>100%</b>		<b>\$162,985.00</b>	<b>100%</b>	

\* City/County

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

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

