### **Organization Information**

### **Legal Name**

Fallbrook Senior Citizens Service Club

### **DBA** (if Applicable)

Fallbrook Senior Center

### **Program Name/Title**

Congregate Meal Program

### **Brief Program Description**

The Congregate Meal Program provides hot, freshly prepared and highly nutritious food five days a week for seniors (60+) in our Health District. The Program relieves present-day hunger for our food-insecure seniors and encourages good health, instills self-respect, and a hope they will be able to remain active, independent seniors.

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

**Established Program** 

### **Program Information - Type**

Ongoing

### **Requested Amount**

47000.00

### **Organization's Mission Statement**

The mission of the Fallbrook Senior Center is to promote healthy aging, independence and well-being of active, older adults in the communities we serve. We will provide programs and services which support the dignity and enrichment of life for seniors fifty (50) and above.

### **Organization's Vision Statement**

The Fallbrook Senior Center will be recognized as a model Center for excellence in the delivery of services to active, older adults and will be committed to meeting the needs of those it serves.

### **Agency Capability**

The Fallbrook Senior Center started a nutrition program in 1978 and the program has been in continuous operation since that time. The Nutrition Program includes both congregate (restaurant style) and home-delivered meals for any senior in our regional district communities who is 60 years old and above, without regard to their ability to contribute toward the cost of the meals. In 2020 at the outbreak of COVID-19, the Fallbrook Senior Center immediately adapted the Congregate Meal program to a Meals-to-Go program that was offered with curbside delivery to maintain social distancing. Although socialization was curtailed, meals were provided to alleviate food insecurity for seniors in the community. The Meals-to-Go program was in place from March 2020 through November 2021. During the past year, the Senior Center has provided a variety of musical entertainment during selected meal periods to enhance the dining experience and encourage socialization. One event was our first annual celebration of Mexico's Independence Day. A mariachi band as well as folkloric dancers were brought in and the public was invited, even if they didn't partake of the meal, just to enjoy the entertainment. Over 50 spectators attended in addition to our congregate meal clients and a great time of dancing and laughter filled the dining hall.

### **Agency Collaborations**

The San Diego County Aging and Independence Services (AIS) provides partial funding of our Nutrition Program along with offering the services of a Registered Dietitian to help us develop healthy balanced meal plans.

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Three years ago, the San Diego Seniors Community Foundation invited us to participate in a coalition with all the senior centers in the County to share issues, resources and ideas with the goal of finding solutions. SDSCF chose Fallbrook to be a pilot center for, and provided at no cost, the "My Senior Center" CRM system. The system uses a small bar-coded tag read by a scanner to check in participants for the Congregate Meal as well as activities throughout the Center. The CRM system eliminates time-consuming spreadsheets used previously. If the program is successful, SDSCF will seek to have the system installed at senior centers throughout San Diego County. SDSCF has also provided seed funding to expand our Thrift Shop as a capacity building project to provide more sustainable funding for the meal programs.

Cal State San Marcos School of Nursing students create educational materials that they distribute to all meal recipients while conducting nutrition and health training on a weekly or quarterly basis. During these visits, a clinic environment is setup on-site to do blood pressure monitoring and diabetes screening.

The Fallbrook Regional Health District was a vital resource during COVID-19 for information and services as well as supplies to keep our staff and clients safe. FRHD informational flyers are posted at our Congregate Meals. Grant writing assistance provided by FRHD has helped us to obtain funding from other sources to support our meal programs. The FRHD relationship allows the Senior Center to feed the many seniors who depend on us to provide daily access to food that supports healthy eating.

### **Target Population - Age**

	Percent of program participants	Estimated number of participants
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	5	12
Seniors (60+)	95	238
We do not collect this data (indicate with 100%)*		

### **Gender**

	Percent of program participants
Female	57
Male	43
Non-binary	
Unknown*	

### **Income Level**

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

### \*Target Population - Income Level

Not collected. A portion of the funding for our meal program is obtained from the County of San Diego AlS. They require income information NOT be collected from participants in the program and do not want participants discriminated against based on their ability to contribute toward the cost of the meal.

Projected number of residents that will directly benefit (participant/client) from this program. 250

### **Social Determinants of Health (SDOH)**

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

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

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

### Statement of Need/Problem

The USDA defines "food and nutrition insecurity as an individual-, household-, and neighborhoodlevel economic and social condition describing limited or uncertain access to adequate and affordable nutritious foods and is a major public health concern." In 2019, the organization "Feeding San Diego" reported that "360,530 people in San Diego County are food insecure (11% of total population; 1 in 8 people)". More recently, a study by the County of San Diego Hunger Coalition estimates that as of June 2022, nearly 1 in 4 (23%) San Diegans including Fallbrook, Bonsall, and Rainbow (the FRHD), experience nutrition insecurity. Compare the two studies and we see food insecurity in San Diego County has doubled over the past three years. The US Census Bureau reports Fallbrook's population in 2020 at 32,267, of which 17.8% are age 65 or better. The number of adults age 65+ in Fallbrook, has grown by almost 4% over the 2010 census. In Bonsall, the 65+ population is 22% and in Rainbow, 29% are age 65 or better. Moreover, the Hispanic population in Fallbrook has grown to 51% as of 2020. This is important to note as research by the San Diego Hunger Coalition reports that nutrition insecurity disproportionately impacts people of color, specifically at a rate of 39% for Latino. According to the Hunger Coalition's study, 111,000 older adults in San Diego County, that is 1 in 4 older adults, are battling nutrition insecurity. In our Health District, this equates to more than 1,700 seniors. As critical as good nutrition is for our seniors, isolation can be equally harmful, even deadly, and socialization provided by a congregate meal program should be encouraged. Efforts must be made to increase awareness of available food programs and the benefits of improved health through good nutrition and socialization. Large-scale studies by the American Counseling Association suggest that the quality and quantity of meals, as well as the social setting are extremely valuable in decreasing the risk for

depression, benefiting mental and emotional health, and enhancing long-term, positive brain function. As the senior population continues to grow at a rate outpacing available services, the Fallbrook Senior Center is committed to providing a meal program to seniors in our District that will promote healthy aging and independence.

### Statement of Need/Problem - Others

The Fallbrook Senior Center is the only organization in our Health District that provides daily, freshly prepared meals for seniors at no charge, in an environment encouraging socialization. The Fallbrook Food Pantry delivers to their senior clients one box each week containing fresh foods, canned, and dry goods that they must prepare themselves. Meals on Wheels delivers hot meals daily to customersfor a fee. These other food providers offer a brief wellness check during delivery, but none offer the opportunity for important socialization. <span style="font-size:11.0pt;font-family:"Calibri",sans-serif"> </span>

The Congregate Meal Program provides seniors one substantial, nutritious lunch daily. The *Fallbrook Food Pantry* offers a good complimentary program for other meals during the day (ie. breakfast) at no cost to their clients. Our District has over 1,700 nutrition-insecure seniors. FSC does not have the capacity to feed that many seniors; we must all work together to meet their need for food.

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

Seniors, or their caregiver/family, will find the Senior Center is listed as an approved meal provider in the Aging and Independence Services (AIS) section of the County of San Diego website, under "nutrition services". the Senior Center is listed as an approved meal provider in the Aging and Independence Services (AIS) section of the County of San Diego website, under "nutrition services". The Foundation for Senior Care is given our flyers describing the meal program and these are made available to their clients as needed. As a partial funder of the meal program, AIS requires that after an individual has attended the Congregate Meal Program three times, they must complete an Intake Form that includes a nutritional assessment and the person's level of activities of daily living, forming a "Care Plan" for each client.

The AIS Registered Dietician conducts periodic unscheduled visits at least five times each year in order to evaluate our meal program. During these visits, the kitchen is inspected, and staff and volunteers are observed to determine that County health, safety, and nutrition guidelines are met. In addition, the Dietician will talk with our guests, sometimes as a group, sometimes to specific individuals as a follow up to information from their Care Plan. Client Care Plans for all meal recipients are reviewed by our staff and updated for health changes at least once each year.

At least twice a month, nurses and nursing students from Cal State San Marcos provide nutrition and health training for all attendees of the Congregate meal. In addition, a personal wellness check is provided for those meal recipients who are interested. The wellness check includes private, one-on-one consultations with a nurse who monitors blood pressure and temperature while encouraging clients to ask questions about health-related issues. During this time, the nurse will review the training materials being provided to encourage compliance with healthy nutrition recommendations.

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

The Fallbrook Senior Center helps to alleviate food insecurity among seniors by offering freshly prepared, hot, nutritious meals in a congregate setting (restaurant style), Monday through Friday, at no cost to seniors 60 years and better. Seniors are given the opportunity to make a voluntary \$5 contribution. For low-income seniors, the no-cost option allows them to allocate budget to other critical needs. The meals provide seniors access to foods that support healthy eating patterns. Every meal complies with the nutritional requirements set forth in the Dietary Guidelines for Americans 2005 Act and California Regulations while providing one-third of the Dietary Reference Intakes requirements outlined in the Older Americans Act. Program oversight is conducted by the County of San Diego Aging and Independence Services (AIS) who approve the monthly menus to ensure nutritional compliance and who also conduct onsite inspections at least quarterly to assure meal preparation is done in a safe,

sanitary and controlled environment by Certified Food Handlers.

In our Congregate setting, after scanning in, our quests select where they want to sit at tables set for up to eight people. The large table size provides a setting to encourage socialization with other seniors and can help to overcome an epidemic of senior isolation. For many seniors, the resumption of the Congregate meal satisfies their nutrition needs and also helps to mitigate the negative social aspects of isolation and loneliness that were brought on by the lockdowns of the COVID-19 pandemic. The majority of seniors desire to maintain their independence and remain in their homes as they age. However, care must be taken that independence doesn't result in isolation which the health industry has determined can be as deadly as smoking and obesity. "Dubbed a "silent killer", social isolation increases the odds of mortality by 30%." (Holt-Lunstad, 2018). In our Congregate meal setting, social interaction with other seniors from the community is strongly encouraged. Food security and independence for our seniors is possible with the help of the Congregate Meal Program. Twice a month, students from Cal State San Marcos School of Nursing conduct nutrition and health training for all participants attending the congregate lunch. The nutrition education includes informative and relevant printed material and will cover a variety of topics such as shopping on a budget, meal planning, and how to exercise at home using a towel for stretching exercises and soup cans as weights for strengthening muscles. The take-home flyers/leaflets prepared by the students provide helpful reminders of the day's training

### **Program Goal #1**

Through the Congregate Meal Program, the Fallbrook Senior Center strives to reach as many adults as possible aged 60 and over to help alleviate food insecurity and isolation. The goal of the Senior Center is to provide meals with high nutritional value in a social setting at no cost for seniors 60+ residing in the communities of Fallbrook, Bonsall, Rainbow and De Luz. Initiatives are being developed to create greater awareness of the program and thereby attract more seniors who could benefit from participation in the program. The benefits include healthy aging, improved quality of life through good nutrition, and the ability to remain in their homes as long as is safely possible.

**Program Objectives - Goal #1** 

S - The Congregate Meal Program serves approximately 30 - 45 nutritious meals each day, in a socially interactive setting, at no cost to seniors 60 and above in our Health District. Meals provided are substantial, hot, and meet the strict dietary guidelines established by AIS and based on the specific nutritional needs of seniors. By providing access to foods that support healthy eating patterns, the desire of many seniors to maintain their independence and age in place can be a reality

M - Providing meals to more seniors, reduces the number of food insecure seniors in the District. In FY 2023-2024, the objective is to exceed the number of meals served in FY 2022-2023. Moreover, the kitchen and dining room are subject to unscheduled, on-site inspections by AIS to assess cleanliness, safety, and proper hygiene during serving of meals and clearing of dishes. Passing these inspections with few or no corrective action items is critical to being allowed to maintain the program

A – Initiatives are being developed to create greater awareness of the program and thereby attract more seniors who could benefit from participation in the program. These initiatives include more frequent social media posts. Additionally, a three-minute outreach video has been created that will be presented to various clubs and organizations in the District. The video focuses heavily on the meal programs offered by the Senior Center and also on available exercise classes and other activities

R – In FY 2023-2024, the objective of the Congregate Meal Program is to serve more meals to Health District seniors (60+) than meals served in FY 2022-2023 (numbers not yet available). Working to create greater awareness of the availability of the meal program, renders the attainment of this objective realistic

T - In FY 2023-2024, the objective of the Congregate Meal Program is to serve more meals to Health District seniors (60+) than meals that were served in FY 2022-2023 (numbers not yet available). The attainment of this objective will be determined after the close of the fiscal year (June 30th) when meal counts are tallied

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

The Senior Center measures success by the number of seniors participating in the meal program; the more seniors receiving meals means more seniors benefiting from food security. Food security is not met merely by providing a quantity of food, that food must also be nutritious. Meals provided by the Senior Center meet strict guidelines established by the County AIS and based specifically on the nutritional needs of seniors. The success of the program also includes the food preparation and serving environment that are regulated by rigorous requirements to assure the health of our guests (the meal recipients). Each year, the kitchen and dining room are subject to five unscheduled, on-site inspections by the County to assess cleanliness, safety, proper hygiene during serving of meals and clearing of dishes, and food handler certification for all staff and volunteers involved in the program. Success is achieved when we pass these inspections with few or no corrective action items. The Senior Center's mission of being a social location for seniors and to promote the dignity and enrichment of life is accomplished with the environment we create for our Congregate Meal Program. Success is achieved when more of the senior population are drawn into our program. Outreach events have been identified to further promote the meal programs throughout 2023-2024. The success of the outreach efforts will be measurable by the number of seniors participating and the meals served. In FY 2023-2024, we hope to expand the program by serving more meals than last year.

### **Anticipated Acknowledgment**

### **Anticipated Acknowledgment**

Social Media Postings

Print Materials to Service Recipients

Website Display

### **Anticipated Acknowledgment**

Acknowledgement of the funding received from the Fallbrook Regional Health District will be in our monthly newsletter and on our website. The monthly meal menus will feature the Fallbrook Regional Health District logo as well as social media posts throughout the year (Facebook and Instagram).

### **Terms and Conditions**

Accepted

### **Authorized Signature**



### 2023 Board of Directors: Full Name, Board Position, Professional Affiliation/Industry, email

- 1. Nicole Williams, President, member Association of Surgical Technologists, healthcare industry
  - a. techchick@gmail.com
- 2. Ronald Spencer, First Vice President, Manager (retired), nuclear power plant (San Onofre), energy industry
  - a. Spencer-ronald@sbcglobal.net
- 3. John A. Schirner, Secretary, Certified Internal Auditor (retired), finance industry
  - a. gnpajack@gmail.com
- 4. Richard West, Director, U.S. Dept of Defense (retired), electronics industry
  - a. westrichard492@gmail.com
- 5. Carmen Cervantes, Director, Founding Administrative Assistant (retired) Fallbrook Senior Center
  - a. Alvarez1945one@gmail.com
- 6. David Schwartz, Director, attorney practicing at Elder Law and Advocacy, legal services for seniors
  - a. avilayoq@gmail.com
- 7. Tom Mintun, Director, Engineering and Program Management (retired), member American Nuclear Society, past president of Friends of the Fallbrook Library (2016-2023)
  - a. tmintun@roadrunner.com
- 8. Liduvina Favela, Director, Business owner (Ace Party Rentals), service industry
  - a. acepartyrentals92028@gmail.com
- 9. Howard Salmon, Director, health care operations and planning, past Chairman of Fallbrook Regional Health Care District, Lifetime Fellow American College of Health Care Executives
  - a. hsalmon@hwsadvisors.com

### SENIOR CITIZENS SERVICE CLUB, INC.

### **Balance Sheet**

As of June 30, 2022

	Jun 30, 22
ASSETS Current Assets Checking/Savings	
Chase Bank Chase Bank-Bingo Chase Bank-Thrift Shop Chase Bank Checking	1,550 34,535 39,606
Total Chase Bank	75,691
Petty Cash	538
Deposits in Transit Account Fidelity Investments	428 1,039,159
Total Checking/Savings	1,115,816
Other Current Assets AlS Contract Receivable Land Rental Commitment Prepaid Insurance Prepaid Expenses	23,590 11,500 3,424 1,788
Total Other Current Assets	40,301
Total Current Assets	1,156,117
Fixed Assets Facilities Equipment Office Solar Equipment Vehicles Bingo Equipment Other Equipment Thrift Shop Improvements Accumulated DeprRestricted Accumulated DeprUnrestricted	504,244 45,761 63,264 15,100 6,050 5,100 44,268 -40,912 -530,214
Total Fixed Assets	112,659
Other Assets Thrift Shop Inventory	3,657
Total Other Assets	3,657
TOTAL ASSETS	1,272,434
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	19,829

### SENIOR CITIZENS SERVICE CLUB, INC.

### **Balance Sheet**

As of June 30, 2022

	Jun 30, 22
Other Current Liabilities	
Payroll Benefits Payable	64
Deferred Grant Income	50,000
Accrued Payroll	10,769
Accrued Accounts Payable	3,270
Payroll Taxes Payable	1,102
Sales Tax Payable	1,734
Accrued Vacation	13,808
<b>Total Other Current Liabilities</b>	80,747
Total Current Liabilities	100,576
Total Liabilities	100,576
Equity	
Net Assets w/o Donor Restrictio	1,351,456
Net Assets w/Donor Restrictions	38,291
Net Income	-217,888
Total Equity	1,171,858
TOTAL LIABILITIES & EQUITY	1,272,434

## SENIOR CITIZENS SERVICE CLUB, INC. Combined Income Statement for the One Month and YTD Ended June 2022

	Jun 22	Jul '21 - Jun 22
Ordinary Income/Expense Income		
Donated Thrift Shop Inv - Merch	3,562	3,562
Program Income	0,302	302
COVID 19 Grant	20,000	20,000
AIS Contract	13,330	130,094
Donations	424	27,223
Grant Income	61,099	225,406
Meals	4,083	45,619
Memberships	165	7,260
Fundraising	303	7,340
Thrift Shop Sales	7,847	86,584
Miscellaneous Income	0	2,082
Total Income	110,812	555,472
Gross Profit	110,812	555,472
Expense		
Program Supplies	0	485
Insurance - Workers Comp	4,316	4,316
Salaries - Employer Payroll Tax	25,390	25,390
Fundraising Expenses	0	2,145
Advertising Expense	0	5,318
Auto Expenses & Repairs	29	8,971
Bank and Merchant Fees	106	1,658
Dues & Subscriptions	55	2,205
Maintenance & Repairs	347	7,033
Food Costs	10,017	118,620
Fuel	999	8,847
Insurance - General	1,050	12,677
Miscellaneous Expenses	42	3,528
Office Supplies & Expenses	482	7,581
Outside Services	118	882
Postage	2	858
Professional Fees	1,590	38,692
Rents	850 25 246	10,940
Salaries	25,246	262,504
Salaries - Fringe Benefits	(25,134)	27,112
Office Equipment & Small Tools	4,573	5,508
Kitchen/Dining Room Supplies	1,210 0	31,533
Taxes & Licenses	320	1,145
Telephone Utilities	520 541	3,773 6,106
Total Expense	52,149	597,827
Net Ordinary Income	58,663	(42,356)

# SENIOR CITIZENS SERVICE CLUB, INC. Combined Income Statement for the One Month and YTD Ended June 2022

	Jun 22	Jul '21 - Jun 22
Other Income/Expense		
Other Income		
Monthly Portfolio Value Change	(54,683)	(114,601)
Interest & Dividends	2,710	25,089
Total Other Income	(51,973)	(89,512)
Other Expense		
Investment Management Fees	0	8,954
Depreciation Expense	1,893	22,934
Total Other Expense	1,893	31,889
Net Other Income	(53,867)	(121,401)
Net Income	4,796	(163,756)



### Sonnenberg & Company, CPAs

A Professional Corporation

5190 Governor Drive, Suite 201, San Diego, California 92122





Leonard C. Sonnenberg, CPA

### FALLBROOK SENIOR CITIZEN'S SERVICE CLUB Audited Financial Statements Year ended June 30, 2022

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Member: The American Institute of Certified Public Accountants and California Society of Certified Public Accountants



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Leonard C. Sonnenberg, CPA

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Fallbrook Senior Citizen's Service Club

### **Opinion**

We have audited the accompanying financial statements of Fallbrook Senior Citizen's Service Club (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fallbrook Senior Citizen's Service Club as of June 30, 2022, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Fallbrook Senior Citizen's Service Club and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Fallbrook Senior Citizen's Service Club's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Fallbrook Senior Citizen's Service Club's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Fallbrook Senior Citizen's Service Club's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### **Report on Summarized Comparative Information**

We have previously audited Fallbrook Senior Citizen's Service Club's 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 13, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Kend Charmbey

### Statement of Financial Position

### June 30, 2022

(With Comparative Information as of June 30, 2021)

	 2022		2021
ASSETS:			
Cash	\$ 76,657	\$	48,410
Grants Receivable	23,590		26,924
Other Receivable	570		-
Promise to Give - County of San Diego	11,500		14,500
Prepaid Expenses	5,212		2,360
Inventory - Donated Merchandise	7,219		3,657
Investments	1,039,159		1,177,625
Property and Equipment, Net	 112,659	_	135,593
TOTAL ASSETS	\$ 1,276,566	\$ _	1,409,069
LIABILITIES AND NET ASSETS:			
Accounts Payable and Accrued Expenses	\$ 24,833	\$	1,638
Accrued Payroll and Related Liabilities	25,743		17,636
TOTAL LIABILITIES	50,576	-	19,274
NET ASSETS:			
Without Donor Restrictions	1,108,491		1,342,742
With Donor Restrictions	 117,499	_	47,053
TOTAL NET ASSETS	 1,225,990	_	1,389,795
TOTAL LIABILITIES AND NET ASSETS	\$ 1,276,566	\$ _	1,409,069

### Statement of Activities

### For the Year Ended June 30, 2022

(With Summarized Comparative Information for the Year Ended June 30, 2021)

	2022				2021	
	Without Donor		With Donor			
		Restrictions	Restrictions		Total	Totals
SUPPORT AND REVENUES:	-			-		
Government Grants						
County of San Diego - Nutrition	\$	130,094		\$	130,094 \$	129,956
Fallbrook Healthcare District		133,186		•	133,186	175,253
County of San Diego - Improvements		•	18,000		18,000	18,134
County of San Diego - Other			20,000		20,000	19,853
Contributions					_0,000	15,055
Donations and Grants		58,783	50,000		108,783	66,570
Memberships		7,260	,		7,260	990
Meals		45,619			45,619	59,066
Thrift Shop Sales		86,584			86,584	43,890
Donated Inventory - Merchandise		3,562			3,562	344
Miscellaneous		2,384			2,384	6,164
Interest and Dividends		25,089			25,089	25,239
Realized and Unrealized Investment Gain		(123,555)			(123,555)	207,615
Net Assets Released from Use Restrictions		17,554	(17,554)		-	
Total Support & Revenues	_	386,560	70,446	_	457,006	753,074
EXPENSES:						
Program Services		475,619			475,619	376,743
Supporting Services:						
Management and General		112,055			112,055	103,462
Fundraising		33,137			33,137	29,466
Total Supporting Services	_	145,192		-	145,192	132,928
Total Expenses	_	620,811		_	620,811	509,671
CHANGE IN NET ASSETS	\$	(234,251) \$	70,446	\$	(163,805)\$	243,403
BEGINNING NET ASSETS	_	1,342,742	47,053	_	1,389,795	1,146,392
ENDING NET ASSETS	\$_	1,108,491 \$	117,499	\$_	1,225,990 \$	1,389,795

Statement of Functional Expenses For the Year Ended June 30, 2022

(With Summarized Comparative Information for the Year Ended June 30, 2021)

	2022				2021
	Program	Management	· · · · · · · · · · · · · · · · · · ·		
	Services	& General	Fundraising	Total	Totals
Payroll and Related Expenses					
Salaries and Wages \$	194,146	\$ 66,829	\$ 28,641 \$	289,616	243,797
Payroll Taxes	18,048	5,139	2,203	25,390	23,186
Total Payroll and Related Expenses	212,194	71,968	30,844	315,006	266,983
Operating Expenses					
Auto and Fuel	17,617	201		17,818	9,871
Advertising	4,268	1,050		5,318	1,450
Food Costs	118,620			118,620	97,973
Insurance	14,368	2,625		16,993	15,698
Miscellaneous	3,087	5,924		9,011	6,590
Office Expense	6,036	10,116		16,152	12,473
Professional Fees	28,634	10,940		39,574	20,693
Rent	9,640	1,300		10,940	10,200
Repairs and Maintenance	2,675	4,358		7,033	11,586
Kitchen/Dining Supplies	31,533			31,533	23,531
Telephone and Utilities	8,600	1,279		9,879	9,480
Depreciation	18,347	2,293	2,293	22,934	23,143
Total Operating Expenses	263,425	40,086	2,293	305,805	242,688
Total Expenses \$	475,619	\$ 112,055	\$33,137 \$	620,811	509,671

### Statement of Cash Flows

## For the Year Ended June 30, 2022 (With Comparative Information for the Year Ended June 30, 2021)

	_	2022	2021
Reconciliation of Change in Net Assets to Net Cash provided by (used in) Operating Activities:	ı		
Change in net assets Adjustments to reconcile change in net assets to net cash from (used in) operating activities	\$	(163,805) \$	243,403
Depreciation		22,934	23,143
Donated Inventory		(3,562)	(344)
Net Realized & Unrealized Gains on Investments		123,555	(207,615)
Promise to Give - County of San Diego		3,000	3,000
Changes in operating assets and liabilities		2,000	2,000
Grants Receivable		3,334	(5,744)
Other Receivable		(570)	-
Prepaid Expenses		(2,852)	1,036
Accounts Payable and Accrued Expenses		23,195	(20,217)
Accrued Payroll and Related Liabilities		8,107	(2,042)
Net Cash provided by Operating Activities	_	13,336	34,620
INVESTING ACTIVITIES:			
Purchase of Property and Equipment		-	(7,567)
Proceeds from Sales of Investments		40,000	10,000
Reinvestment of Interest and Dividends		(25,089)	(25,239)
Net Cash provided by (used in) Investing Activities	_	14,911	(22,806)
Net Change in Cash		28,247	11,814
Cash at Beginning of Year	_	48,410	36,596
Cash at End of Year	\$_	76,657 \$	48,410

Notes to Financial Statements Year ended June 30, 2022

### Note 1 - Organization:

The Fallbrook Senior Citizen's Service Club (Senior Center) was incorporated on June 17, 1974 pursuant to the general non-profit corporation laws of the State of California. The specific purpose of the Senior Center is to provide a place where all senior citizens from Fallbrook, Bonsall, and Rainbow can find social interaction, recreation, learning opportunities, and nutritious meals in an environment that is comfortable and welcoming. Services provided by the Senior Center include a lunch program for both congregate and home delivery.

Approximately 66% of the Senior Center's support and revenue for the year ended June 30, 2022 is government funds passed through the County of San Diego and Fallbrook Healthcare District to support the Senior Center's senior lunch, home delivered meals, and transportation programs and other programs.

### Note 2 - Significant Accounting Policies:

<u>Basis of Accounting:</u> The Senior Center accounting records and the accompanying financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America whereby revenue is recognized when earned and expenses are recognized when incurred.

<u>Net Assets:</u> Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

The Senior Center reports contributions restricted by donors as increase in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increase in net assets with donor restrictions. When a restriction expires, 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. As of June 30, 2022, the Senior Center had \$117,499 of net assets with donor restrictions.

Notes to Financial Statements Year ended June 30, 2022

### Note 2 - Significant Accounting Policies (continued):

Income Tax Status: The Senior Center is organized as California nonprofit corporations and has been recognized by the IRS as exempt from federal income taxes under IRC Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for the charitable contribution deduction, and has been determined not to be a private foundation. The Senior Center is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, it is subject to income tax on net income that is derived from business activities that are unrelated to the exempt purposes. The Senior Center has determined that it is not subject to unrelated business income tax and have not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

The Senior Center follows the provisions for accounting for uncertain tax positions. The Senior Center evaluates its tax positions to determine whether the tax positions are more likely than not of being sustained by the applicable tax authority. Tax positions not deemed to meet the more likely than not threshold are recorded as an expense in the applicable year. There are no amounts accrued in the financial statements related to uncertain tax positions for the year ended June 30, 2022.

<u>Cash and Cash Equivalents</u>: Cash and cash equivalents primarily include cash in banks and highly liquid investments with an original maturity of three months or less. Cash and highly liquid financial instruments restricted to long-term purposes are excluded from this definition. As of June 30, 2022, the Senior Center did not have any cash equivalents.

<u>Investments</u>: The Senior Center records investment purchases at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the statement of financial position. Investment earnings are recorded net of custodial fees and investment advisory fees, if any.

<u>Promises to Give:</u> Unconditional promises to give that are expected to be collected within one year are recorded as a revenue at net realizable value. Unconditional promises to give expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discount on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Discount amortization is included in contribution revenue. Allowance for uncollectable promises to give is based on historical experience, an assessment of economic conditions, and review of subsequent collections. Promises to give are written off when deemed uncollectable.

<u>Inventories – Thrift Shop</u>: The Senior Center operates a thrift shop within its facilities. All sales from the thrift shop are from donated items. The Senior Center follows traditional non-profit accounting practices and records only the sale of the merchandise, rather than a contribution at the time the merchandise is donated. At the end of the year the value of the inventory is estimated based on turnover and retail value of the merchandise on hand.

Notes to Financial Statements Year ended June 30, 2022

### Note 2 - Significant Accounting Policies (continued):

<u>Property and Equipment:</u> Property and equipment purchases greater than \$5,000 are recorded at cost or, if donated, at fair value on the date of donation. Depreciation is computed using the straight line method over the estimated useful life of each class of depreciable assets. Improvements to leased facilities are depreciated over the shorter of the estimated useful life or the remaining lease term. All contributions of property and equipment are considered to be available for unrestricted use unless specifically restricted by the donor. When assets are sold or otherwise disposed of, the cost and related depreciation are removed from the accounts, and any resulting gain or loss is included in the statement of activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed.

The Senior Center has certain equipment loaned by the County of San Diego Aging & Independence Services and may have to be returned if the meals program is terminated. Loaned equipment is not included in the statement of financial position.

<u>Valuation of Long-Lived Assets</u>: In accordance with the provisions of the accounting pronouncement on accounting for the impairment or disposal of long-lived assets, the Senior Center reviews long-lived assets, including property and equipment, for impairment whenever events or changes in business circumstances indicate that the carrying amount of the assets may not be fully recoverable. Management has determined that no assessment was required for the year ended June 30, 2022.

<u>Fair Value Measurements:</u> The Senior Center measures fair value at the price that would be received upon sale of an asset, or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Authoritative guidance establishes a hierarchy for ranking the quality and reliability of the information used to determine fair values, requiring that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

Level 1: Unadjusted quoted market prices for identical assets or liabilities in active markets.

Level 2: Unadjusted quoted market prices for similar assets and liabilities in active markets, unadjusted quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs other than quoted prices that are observable for the asset or liability.

Level 3: Significant unobservable inputs for the asset or liability.

<u>Compensated Absences</u>: Unpaid employee leave benefits are recognized as liabilities of the Senior Center. As of June 30, 2022, the liability for accrued vacation is \$13,808.

Recognition of Revenue: Revenue from programs is recognized when earned. Program service fees and payments under cost-reimbursable contracts received in advance are deferred to the applicable period in which the related services are performed or expenditures are incurred, respectively.

Contributions are recognized when cash or other assets, an unconditional promise to give is received. Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Notes to Financial Statements Year ended June 30, 2022

### Note 2 - Significant Accounting Policies (continued):

<u>Donated Services and In-Kind Contributions:</u> Donated services are recognized as contributions if services (a) create or enhance non-financial assets, or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Senior Center. During the year ended June 30, 2022, approximately 7,500 in volunteer service hours were donated to the Senior Center for program administration, fundraising, thrift shop, and similar. These hours do not qualify to be recorded in the financial statements. Contributed goods are recorded at fair value at the date of donation.

<u>Functional Expenses:</u> The costs of providing various services and other activities have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include salaries and wages, payroll taxes, utilities, telephone, depreciation, and others which are allocated on the basis of estimates of time and effort.

<u>Estimates</u>: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates under different assumptions or conditions.

<u>Comparative Financial Information</u>: The comparative information from the previous year is included to provide a basis for comparison and presents summarized totals only. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States and should be read in conjunction with the Senior Center's financial statements for the year ended June 30, 2021 from which the summarized information was derived. Certain reclassifications have been made to the June 30, 2021 financial statements presentation to correspond to the current year's format. Net assets and changes in net assets are unchanged due to the reclassifications.

### Note 3 - Promise to Give - County of San Diego:

The Senior Center leases its principal facilities under a forty year lease with the County of San Diego expiring April 30, 2026. Under the terms of the lease, the Senior Center will pay rent of \$1 for use of the land with the following stipulations: (1) the premises must be used for a community senior citizens center, and (2) the buildings and improvements are owned by the Senior Center while used, but will revert to the County of San Diego upon expiration of the lease or discontinuation of the agreed upon use, whichever comes first. The promise to give is recorded at the estimated remaining value of \$11,500 based on the managements original estimate of the fair rental value of the land at \$3,000 per year. For the year ended June 30, 2022, \$3,000 is recorded as rent expense.

Notes to Financial Statements Year ended June 30, 2022

### Note 4 - <u>Investments:</u>

Money market deposits that are not used for operations are treated as investments due to their nature as long-term investments. The investments may fluctuate in value, are subject to market risk and are not insured. Market risk relates to the possibility that invested assets may experience loss due to prevailing market conditions. The Senior Center has adopted a diversified asset allocation policy to avoid undue concentration of risk. At June 30, 2022 investments consist of the following:

	_	Cost	Fair Value
Fidelity Government Money Market	\$	61,303 \$	61,303
Mutual Funds		138,449	118,981
Exchange Traded Products		255,573	323,805
Stocks		200,323	308,261
Bonds		225,451	217,863
Other	_	9,107	8,946
Total	\$_	890,206 \$	1,039,159

### **Note 5 - Fair Value Measurements:**

Fair values of assets measured on a recurring basis at June 30, 2022 are as follows:

				Significant	
				Other	Significant
			Listed	Observable	Unobservable
		Fair	FMV	Inputs	Inputs
		Value	(Level 1)	(Level 2)	(Level 3)
Fidelity Government Money Market	\$	61,303 \$	61,303 \$	\$	-
Mutual Funds, Stocks, ETPs, Stocks, Bonds and Other		977,856	977,856		
Unconditional Promise to Give - County of					
San Diego – value of lease	_	11,500			11,500
Total Assets Measured at Fair Value	\$_	1,050,659 \$	1,039,159	- \$	11,500

Fair value of investments in equity securities are determined by reference to quoted market prices and other relevant information generated by market transactions. Fair rental value of unconditional promise to give from the County of San Diego (see Note 3), was valued at estimated fair value of the land in May 1986 and is classified as a Level 3 input because the Senior Center has not undertaken any effort to determine current fair market value.

Notes to Financial Statements Year ended June 30, 2022

### Note 6 – Property and Equipment:

The Senior Center's depreciable property and equipment consist of facilities, office equipment, and vehicles. Depreciation has been calculated on straight line method over 5 to 40 years estimated useful lives. Depreciation expense was \$22,934 for the current year. As of June 30, 2022, fixed assets consisted of the following:

	Unrestricted Assets	Restricted Assets (Note 7)	Total Property and Equipment	Accumulated Depreciation	Net Book Value
Facilities	567,507	\$ 44,267 \$	611,774	\$ (499,115) \$	112,659
Office Equipment	29,752	16,009	45,761	(45,761)	-
Vehicles	15,100		15,100	(15,100)	-
Other Equipment	11,150		11,150	(11,150)	<u> </u>
Total	623,509	\$ 60,276 \$	683,785	\$ (571,126) \$	112,659

### Note 7 - Net Assets With Donor Restrictions:

The unconditional promise to give, for the value of future free rent, is included as net assets with donor restrictions. In addition, the County of San Diego has provided the Senior Center with several grants to purchase office equipment and repairs, and improvements throughout the Senior Center. If the Senior Center ceases to use the equipment, the property shall revert back to the County. As of June 30, 2022, net assets with donor restrictions are restricted for the following purposes:

Unconditional Promise to Give – Facilities (Note 3) \$	11,500
Property and Equipment (Net of Accum. Depreciation, Note 6)	19,365
The Thrift Store Improvement/Expansion	50,000
The Senior Center's Improvments - County Grants	16,634
Payroll	20,000
TOTAL \$	117,499

Net assets totaling \$17,554, were released from donor restrictions due to the satisfaction of purpose during the year ended June 30, 2022.

Notes to Financial Statements Year ended June 30, 2022

### Note 8 – Liquidity and Availability:

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

Cash	\$ 76,657
Investments	1,144,481
Grants Receivable	23,590
Other Receivable	570_
	1,245,298
Less amounts not available to be used within one year:	
Funds subject to donor-imposed restrictions	(86,634)
Financial assets available to meet general expenditures within	
one year	\$ 1,158,664

The Senior Center receives contributions with donor restrictions to be used in accordance with the associated purpose restrictions. The Senior Center must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Senior Center's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Senior Center invests cash in excess of daily requirements in money market funds, mutual funds, bonds and equity securities.

### **Note 9 – Lease Commitment:**

In April 2001, the Senior Center signed an agreement with the Fallbrook Community Center for use of its kitchen and auditorium area for the Senior Center meal program. The Fallbrook Community Center is operated by the County of San Diego. Rent payments are \$600 per month payable to the County of San Diego. The conditions of this agreement become void if the County of San Diego discontinues its support of the meal program or if the Fallbrook Community Center is no longer operated by the County of San Diego. During the year ended June 30, 2022, the Senior Center paid \$7,200 in rent under the terms of this agreement.

### Note 10 – Related Parties:

The Vice President and the Treasurer of the eight-member Board of Directors are married. During the year ended June 30, 2022, the Treasurer was also employed with the Senior Center as a grant writer and received employment compensation totaling \$3,470.

Notes to Financial Statements Year ended June 30, 2022

### Note 11 - Management's Review and Subsequent Events:

Management evaluated subsequent events through September 8, 2022, the date on which the financial statements were available to be issued. Management is not aware of any other subsequent events that would require adjustment to, or disclosure in, the financial statements.

### TAXPAYER COPY



### Sonnenberg & Company, CPAs

A Professional Corporation

5190 Governor Drive, Suite 201, San Diego, California 92122

Phone: (858) 457-5252 • (800) 464-4HOA • Fax: (858) 457-2211 • (800) 303-4FAX



Leonard C. Sonnenberg, CPA

September 8, 2022

Fallbrook Senior Citizen's Service Club 399 Heald Lane Fallbrook CA 92028

Tax Returns: Year Ended June 30, 2022

### **INSTRUCTIONS FOR FILING INCOME TAX RETURNS (on extension):**

#### Form 990 - Return of Organization Exempt from Tax

We will e-file for you. Please sign and return IRS Form 8453-TE

#### Form 199 - California Exempt Organization Annual Information Return

We will e-file for you. Please sign and return FTB Form 8453-EO

#### Form RRF-1 - Registration Renewal Fee Report

Submit returns and payment online: https://oag.ca.gov/charities/contacts/online-renewals **Or** mail with payment to: Registry of Charitable Trusts, P.O. Box 903447, Sacramento, CA 94203-4470

Sign page 1 and Sign attached Form 990 page

Attach \$100 check payable to "Attorney General Registry of Charitable Trusts" Mail to Attorney General in envelope provided

### **PUBLIC INSPECTION**

As explained on page 6 of the 990, Form 990 is available for public inspection. The donor information on Schedule B is not for public inspection, donor names & addresses should be blocked out on public copies.

Three methods meet IRS public inspection requirements:

- Most 501(c)(3) Form 990s are sent from the IRS to <u>www.guidestar.org</u>., usually within 60 days of filing. A digital copy of each return can be viewed and printed from the Guidestar website.
- If requested, a nonprofit entity should provide a copy of the tax return to any individual requesting a copy. A nominal copy charge and/or mailing charge is allowed under IRS guidelines.
- 3. A nonprofit may prepare a PDF copy of the return and email to the requestor.

Kend Closenbey

### Form 990

### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 7/1/2021 and ending 6/30/2022 D Employer identification number Check if applicable: C Name of organization Fallbrook Senior Citizens Service Club Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 95-2892632 Name change 399 Heald Lane Telephone number Initial return City or town ZIP code (760) 728-4498 Fallbrook CA 92028 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 580,561 F Name and address of principal officer: Application pending H(a) Is this a group Yes X No Jack Schirner 399 Heald Lane, Fallbrook, CA 92028 H(b) Are al X 501(c)(3) ttach a list. See instructions Tax-exempt status: ) < (insert no.) 4947(a)(1) or 527 Website: www.fallbrookseniorcenter.com H(c) Grou emption number Form of organization: Corporation Trust Association Other > M State of legal domicile: CA Part I Summary 1 Briefly describe the organization's mission or most significant activities: Secial and recreational activiities, Activities & Governance program serivces, and low cost meals for senior citizens. Check this box ▶ if the organization discontinued its operations of disp sed Number of voting members of the governing body (Part VI, line 13) 3 Number of independent voting members of the governing body (Nart) 4 8 Total number of individuals employed in calendar year 2021 5 17 Total number of volunteers (estimate if necessary). 6 25 Total unrelated business revenue from Part VIII, column 7a 0 Net unrelated business taxable income from Form 990-T, P. J, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 411,100 420,885 9 Program service revenue (Part VIII, line 2g) . . 59,066 45,619 10 Investment income (Part VIII, column (A), lines 3, 25,239 25,089 Other revenue (Part VIII, column (A), lines 5, 11 🐂, 10c, and 11e) 50,054 88,968 12 Total revenue—add lines 8 through 11 (must equal Pair VIII, column (A), line 12) 545,459 580.561 13 Grants and similar amounts paid (Part IX coluna (A), lines 1–3). . . 0 Benefits paid to or for members (Part IX column (A), line 4) . 14 0 0 15 Salaries, other compensation, employed be efits (Part IX, column (A), lines 5–10) . . . 266,983 315.006 Professional fundraising fees (Part Column (A), line 11e) . . . 16a 0 Total fundraising expenses (Particle column (D), line 25) Other expenses (Part IX, column (A), whee 11a-11d, 11f-24e) . . . . . 17 250,531 314,759 17 (m) ist equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13 517,514 629,765 19 Revenue less expenses btract ine 18 from line 12 27,945 -49,204Beginning of Current Year 20 Total assets (Part X, 1,409,069 1,276,566 Total liabilities Part X, Th 21 19,274 50,576 22 Net assets of fund balances. Subtract line 21 from line 20 1,389,795 1,225,990 Signature Block Under penalties of perjury, I declare than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Jack Schirner Secretary Type or print name and title Print/Type preparer's name Preparer's signature Check Paid Leonard C Sonnenberg Leonard C Sonnenberg 9/8/2022 self-employed P00287581 Preparer ► Sonnenberg & Company CPAs Firm's EIN ▶ 95-3749711 Use Only Firm's address ► 5190 Governor Dr, #201, San Diego, CA 92122 Phone no. 858-457-5252

May the IRS discuss this return with the preparer shown above? See instructions .

No

Yes

raru	Checkist of Required Schedules		Yes	No
		$\overline{}$	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	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
_	assessments, or similar amounts as defined in Nev. Proc. 30-19 ! If Test, complete deficiency of architectures and the second for the second for which deports	١Ť	$\neg$	
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	_		v
	"Yes," complete Schedule D, Part I	6		Х
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 Description of the environment, historic land areas, or historic structures?	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar asses? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liament, 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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment 1. Part X, line 10? If "Yes," complete	44-	v	
	Schedule D, Part VI	11a	Χ	
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 Spedule D, Part VII.	11b	Х	
С	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	11c		X
d	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule 2 Fart IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f				
•	the organization's separate of consolidated limited and the organization's liability for uncertain tax positions and FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
40.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	Х	
	Schedule D, Parts XI and XII	120		<del>                                     </del>
b	Was the organization included in congridated, independent audited financial statements for the tax year? If "Yes,"	125		v
	and if the organization answered "No" to ine 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, imployees, or agents outside of the United States?	14a	<b>-</b>	Х
b				
	fundraising, business, in estiment, and program service activities outside the United States, or aggregate			
	foreign investments alued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		<u> </u>	<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
	Part VIII, lines To and 8a / If "Yes," complete Schedule G, Part II	10	$\vdash$	├^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	İ	V
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b	<u> </u>	<u> </u>
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	21		X

22 Did the organization report more than \$5,000 of grants or other assistance to of for domestic individuals on Part XI. Countin (A) line 27 if "%s," complete Schedule I, Parts I and III 22 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Par	t IV Checklist of Required Schedules (continued)		`	
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  20 Did the organization source "Yes* To Part IVI) Section A, line 3, 4 or 5, about compensation of the organization's current and former officers, directors, fursites, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV.  21 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. If the was issued after Decomber 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K, If "No." go to line 25e.  22 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  23 Did the organization invest any proceeds of tax-exempt bonds even of the temporary period exception?  24 Did the organization invest any proceeds of tax-exempt bonds even of the organization and second control of the than a refunding escrow of any time during the year of the complete Schedule L, Part IV.  25 Section 501(c/3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any keeds tempt transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV.  25 In the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV.  26 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV.  27 Did the organization provide a grant or other assistance to any other egastization special period or 30% controlled entity of tempt any amount on Part X, line 5 or 22, for receivables from grapatiles to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or engage in the section, trustee, key employee, creator or the separation or the section of the separation in the section of the section of the section of the section of the				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization are the stave-empt 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? If "Yes," answer lines 24 th through 34d and complete Schedule K. If "No.", "pot line 25a.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year." 25b.  26 Did the organization act as an "on behalf of "issue for bonds outstanding at any time during the year." 25c.  26 Did the organization act as an "on behalf of "issue for bonds outstanding at any time during the year." 25c.  26 Section 501(26), 501(2(14), 4016(2(14)), 4015(2(12)) organizations. Did the organization engage in any scene stement transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part IV.  26 Did the organization report any amount on Part X, line 5 or 22, for receivables from g payables to any current or former officer, director, trustee, key employee, creator or founder, substantial organization genitation, or assistance to any ordiner, substantial organization, provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator for under, substantial ophithology, and any officer of the substantial ophithology. The substantial contributor or employee thereof, a facility is part II.  27 Did the organization aparty to a businantial contributor or employee thereof, a facility is part VII.  28 Was the organization aparty to a businantial contributor or employee thereof, a facility is part VII.  28 Was the organization receive confribitions of and, the long-cather source of the substantial contributor? If "Yes," complete Schedule II, Part IV.  28 Did the organization in party to a businantial	22				
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employees? If "Yes," complete Schedule J.  240. Did the organization have at atx-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? If "Yes," answer lines 24th through 24d and complete Schedule II. If "No," go to line 25s.  24b through 24d and complete Schedule II. If "No," go to line 25s.  25b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception?.  26c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ant sceas benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part sea.  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as a "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as a "on behalf of" issuer for bonds outstanding at any time during the year?  27d Did the organization act as a "on behalf of" issuer for bonds of the organization report any any time act as a second or any of the organization report any any time during the year of the organization report on any of these persons? If "Yes," complete Schedule I, Part II.  28d Vas the organization act as a second organization and acception or engage any organization active the year of the year of year of the year of the year of year	23	•		İ	
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b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?.  24b 2  24c Did the organization and account other than a refunding escrow at any time during the way to defease any tax-exempt bonds?  25d Section S01(e)(3), S01(e)(4), and S01(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 4se.  25a Section S01(e)(3), S01(e)(4), and S01(e)(29) organizations. Did the organization engage 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 Form 1990 or 990-E27 if "Yes," complete Schedule L, Part 1.  25b Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key periopyce, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor or employee thereof in Say may be substantial contributor? If "Yes," complete Schedule L, Part II.  27c V X and Yes, complete Schedule L, Part II.  28d Vas the organization aparty to a business transaction with one of the whom parties (see the Schedule M, Part II.  29d Did the organization receive more than \$25,000 in folk gath contributions? If "Yes," complete Schedule M, Part II.  27e Yes, "complete Schedule L, Part III.  28d C X X Did the organization receive contributions of art, its forcial researce, or other similar assets, or		24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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990-E27 // If "Yes," complete Schedule L, Part I.  25b   X    25c   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 on finith tor, or 35% controlled entity or family member of any of these persons? // If "Yes," complete Schedule I. Part II.  26	D				
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or former officer, director, trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II.  26	26		200	<del>                                     </del>	^
controlled entity or family member of any of these persons? If "Yes," complete Scheduls N-part II  26				1	l
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Part IV, instructions for applicable filing thresholds, conditions and exceptions):  a A current or former officer, director, trustee, key employee, create or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a?   Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b			27		Х
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"Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals act/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in flore-gash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, in torical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or describe M. 30 X 32 Did the organization sell, exchange, displace of each of the organization sell, exchange, displace of each of the organization under Regulations sections 301.7701-20 and 301.7701-37 If "Yes," complete Schedule R, Part II. 32 X 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . 34 X 35a Did the organization has a confolled entity within the meaning of section 512(b)(13)? 35a X 35b Section 501(c)(3) or inizations. Did the organization make any transfers to an exempt non-charitable related organization. Fire, Schedule R, Part V, line 2 . 35b 36 Section 501(c)(3) or inizations. Did the organization make any transfers to an exempt non-charitable related organization. Fire, Schedule R, Part V, line 2 . 36 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? If "Yes," complete Schedule R, Part V, line 2 . 36 X 38 Did the organization complete Schedule R on part V, line 2 . 37 Did the organization complete Schedule R on part V, line 2 . 38 Did the organization complete Schedule R on part V, line 2 . 37 Did the organization complete Schedule R on part V, line 2 . 38 Did the organization complete Schedule R on part V, line 2 . 39 Did the organization comp	_			- 1	-
b A family member of any individual described in line 28a? If "es "complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in for cash contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, Natorical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  29 Did the organization includidate, terminate, or describe M.  30 Did the organization sell, exchange, disn'te disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 Ift (Yes," complete Schedule R, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 Ift (Yes," complete Schedule R, Part I.  31 Did the organization related to any tax, exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  32 A Was the organization hat a controlled entity within the meaning of section 512(b)(13)?  33 b If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," by piplete Schedule R, Part V, line 2.  36 Section 501(c)(3) organization exceeded R, Part V, line 2.  37 Did the organization complete Schedule R, Part V, line 2.  38 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? If "Yes," complete Schedule R, Part VI.  38 Did the organization complete Schedule R, Part V, line 2.  39 Did the organization c	а		282		Y
c A 35% controlled entity of one or more individuals add/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in fibrility controlled as a contributions? If "Yes," complete Schedule M.  29 X  29 Did the organization receive contributions of art, in torical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or classolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, displayed on a cransfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If (Yes," complete Schedule R, Part I.  32 Was the organization related to any tax, exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Jak  34 Jak  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," burplete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," burplete Schedule R, Part V, line 2  36 Jid 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? If "Yes," complete Schedule R, Part V.  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 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.	b				X
"Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in one past contributions? If "Yes," complete Schedule M.  29 X  30 Did the organization receive contributions of art, in torical reasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization liquidate, terminate, or assolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, disrupte of the stransfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 3? If a Yes," complete Schedule R, Part I.  33 X  34 Was the organization related to any tax, exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," bupplete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part VI.  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 Did the organization complete Schedule O.  39					
Did the organization receive contributions of art, it storical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		"Yes," complete Schedule L, Part IV	28c		Х
conservation contributions? If "Yes," complete Steatle M.  31 Did the organization liquidate, terminate, or ssolve and cease operations? If "Yes," complete Schedule N, Part I.  32 Did the organization sell, exchange, disprise one transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.770 3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization hat a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization hat a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) or unizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," be piblete Schedule R, Part V, line 2  36 Section 501(c)(3) or unizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 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  50 Did the organization comply with backup withholding rules for reportable payments to vendors and	29		29		Х
Did the organization liquidate, terminate, or assolv and cease operations? If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispute of the transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an artist, disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 age an	30				
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complete Schedule N, Part II.  32			31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 3? If a Yes, "complete Schedule R, Part I.  Was the organization related to any lax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.  34	32		22		
sections 301.7701-2 and 301.7701-3? If (*\sections\sections\sections\sections\sections\section	33	Did the organization own 100% of an entry disregarded as separate from the organization under Regulations	32		<u> </u>
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III, or IV, and Part V, line 1   34   X   35a   Did the organization have a controlled entity within the meaning of section 512(b)(13)?   35a   X   5b   If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   35b	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," buildlete Schedule R, Part V, line 2  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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.  5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.  5 Did the organization comply with backup withholding rules for reportable payments to vendors and		III, or IV, and Part V, line 1	34		Х
entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) or enizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O  38 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  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Section 501(c)(3) orderinzations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  36  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? If "Yes," complete Schedule R, Part VI.  38  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38  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.  10	b	If "Yes" to line 35a, and the organization receive any payment from or engage in any transaction with a controlled			
organization? If "Yes," Complete Schedule R, Part V, line 2			35b		<u> </u>
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? If "Yes," complete Schedule R, Part VI.  37 X  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  38 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.  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.  5 Did the organization comply with backup withholding rules for reportable payments to vendors and	36		36		V
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		36		
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  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 Note: All Form 990 filers are required to complete Schedule O.  The schedule O contains a response or note to any line in this Part V.  Yes Note: All Form 990 filers are required to complete Schedule O.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.  The schedule O contains a response or note to any line in this Part V.	٠,		37		x
19? Note: All Form 990 filers are required to complete Schedule O.  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 Note: All Form 990 filers are required to complete Schedule O.  The 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 Note: All Form 990 filers are required to complete Schedule O.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.  The statements Regarding Other IRS Fili	38				
Check if Schedule O contains a response or note to any line in this Part V			38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	Par				
Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V			ட
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and					
			5.1	1	
and the control of th	C	reportable gaming (gambling) winnings to prize winners?	1c	Х	

If "Yes," complete Form 6069.

Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or	10		
	if the governing body delegated broad authority to an executive committee or similar			10.00
	committee, explain on Schedule O.			1
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was find?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's seets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power elect appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			12
	the year by the following:		100	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body	8b	Х	
9	Each committee with authority to act on behalf of the governing body?  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	9		Х
<u>Sect</u>	ion B. Policies (This Section B requests information a out solicies not required by the Internal Revenue C	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X
b	If "Yes," did the organization have written policies and projectures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 930 wall members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used to the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe on Schedule O how this was dote	12c		X
13	Did the organization have a written whistic blower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15		
a	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employee of the organization	15b	-	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entire during the year?	40-		· ·
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	-	X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
		16b		
Secti	on C. Disclosure	וטטן		
	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	11(0)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	- (0)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli-	CV.		
	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	<b>•</b>		
	Susan Gonsalves (760) 728-4498			
	399 Heald Lane Fallbrook CA 92028			

Form 990 (2021)	Fallbrook Senior Citizens Service	Club								95-28926	332 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ectors, Truste	es, l	Key	En	npl	oyee	s, I	lighest Comp	ensated	
	Employees, and Independent (			_				_			
	Check if Schedule O contains a r				<u> </u>						<u> [_]</u>
Section A.	Officers, Directors, Trustees, K	<u>Key Employee</u>	s, a	nd l	Hig	hes	st Co	mp	ensated Emp	loyees	
•	his table for all persons required to be	listed. Report co	mpe	nsat	tion	for t	the ca	len	dar year ending	with or within the	)
organization's	•										
of compensation List all compensation List the who received responsible to the whole received received received responsible to the whole received receive	of the organization's current officers, don. Enter -0- in columns (D), (E), and (of the organization's current key employerganization's five current highest correportable compensation (box 5 of Fonthe organization and any related organization's former officers, key portable compensation from the organization's former directors of the organization's former directors of the organization's former directors of the organization of reportable compensations for the order in which to list the possible to the order of the organization of any strength or the organization of any strength or the organization of any strength or the organization of any strength or the organization of the organization of the organization of the organization or any strength or the organization of the organization of the organization or any strength or the organization of the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or any strength or the organization or the org	EP) if no compensives, if any. See mpensated employers and with the most of th	satione the oyee 99-M nd hig relate receive organization	n wa inst s (ot IISC ghes ed or ived aniz	ruct ther , an st co rgar , in atio	aid. ions tha d/or mpa niza the n ar	s for d n an c r box ensati tions. capac nd any	efinofication of the control of the	ition of "key emper, director, trust Form 1099-NEC employees w. a. r as a for yer director	ployee." ee, or key employ of more than received more that of or trustee of the	oyee) an the
Check this	box if neither the organization nor an	y related organiz	ation	1 CO			ted ar	ny o	trent of cer, dir	ector, or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	erson	fine the state of		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Renae F		40.00	X	1			8				
-1-6	ctor, Jul-Dec 21	0.00	X		X				35,476		
(2) Susan G		0.00	4								
	ctor, Jan-Jun 22	00	X	$oxed{oxed}$	Х				13,420		
(3) Nickie W	/illiams	0.00	1								
President		0.00	-	_	Х	_					
(4) Joan Sp	encer	10.00									
Treasurer	Obormular	0.00		-	X	-		$\dashv$			
(5) Matthew Board Member	Obermueller	2.00								:	
	ncer	0.00		-	-			$\dashv$			
(6) Ron Spe Vice President	ilicei	0.00	1		Х						
(7) David So	chwartz	2.00			Ĥ						
Board Member	A.M.S. C.	0.00									
(8) Jack Sch	nirner	10.00		$\sqcap$				$\dashv$			
Secretary		0.00			x						
(9) Richard	West	2.00		П		П			-		
Board Member		0.00					<u> </u>				
10) Carmen	Cervantes	2.00						$\neg$			
Board Member		0.00	Х	Х							<u> </u>
11)											
		,							,		

(12)

(13)

F	art VII Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	ployees (contin	ued)	
(C) Position (A) (B) (do not check more than one (D) (E)										- "	(F)	
	Name and title	Average hours per week (list any hours for related organizations below dotted line)		er and	dad	irect	is both or/trus Highest compensated employee	tee)	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	com fr organ	ated amount of other opensation om the nization and organizations
(15)									1			
(16)												
(17)								-				
(18)								1				
(19)							à			-		
(20)								J				
(21)				•								
(22)						0						
(23)					-							
(24)				<b>&gt;</b>								
(25)												
1b	Subtotal					_		<b>•</b>	48,896	0		0
С	Total from continuation sheets to Part VII, Se	ection A							0	0		0
d	Total (add lines 1b and 1c)				-		·	<b>•</b>	48,896	0		0
2	Total number of individuals (including but not in reportable compensation from the organization		ted al	bov	e) w	/ho	recei	ved	more than \$100	,000 of		0
	reportable compensation from the organization										·	Yes No
3	Did the organization list any former office, dire employee on line 1a? If "Yes," con plete Cched									a a .	3	X
4	For any individual listed on line 1a, 18 the sum of the organization and related organizations great	of reportable com	pens	atio	n a	nd c	ther	con	npensation from	ĺ		
5	individual									មាននេះ សម	4	X
	for services rendered to the organization? If "Ye										5	X
	tion B. Independent of our ctors  Complete this table for your five highest compe	nosted independ	topt o	ont	ro of	0.0.	that r		ived more than t	2100 000 of		
1	compensation from the organization. Report co	•									ax yea	ar.
	(A) Name and business addr	ress							(B) Description of serv	rices C	(C) ompens	ation
												0
												0
												0
												0
2	Total number of independent contractors (include more than \$100,000 of compensation from the			thos	se li	stec	abo	ve) 0	who received	31		

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
25 99	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	7,260				
	С	Fundraising events	0				
	d	Related organizations	0				
	е	Government grants (contributions) 1e	301,280				
2 S	f	All other contributions, gifts, grants, and			1 1 1 1 1		
萝萝		similar amounts not included above 1f	112,345		A 40		
불중	g	Noncash contributions included in					
동말		lines 1a-1f 1g \$	3,562			6	
	h			420,885			
			usiness Code				
Program Service Revenue	2a	Meals 6242	210	45,619	45,619		
9 9	b			0			
gram Sen Revenue	C			0			
E &	d			0			
60	e	All the same and th					
₫		All other program service revenue		9	3		
	<u>g</u> 3	Total. Add lines 2a–2f		15,618	#		
	٦	Investment income (including dividends, interest, and other similar amounts)	' .	05.000			05.000
	4	Income from investment of tax-exempt bond proceed		25,089 0			25,089
	5	B 16	is.	0			
	"		ii) Pasonal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Coher				
		sales of assets					
		other than inventory 7a 0	o				
9	b	Less: cost or other basis					
Revenue		and sales expenses	0				
8	С	Gain or (loss) <b>7c</b> 0	0				
<u> </u>	d	Net gain or (loss)	▶	0			
Other	8a	Gross income from fundraising					
١		events (not including \$ 0					
		of contributions reported on the 1c					
	<b>L</b>	See Part IV, line 18 8a	0				
- 1	b	Less: direct expenses	0				
ı	с 9а	Gross income from garning activities.		0			
ĺ	Ja	See Part IV. ine 18 9a	0				
İ	b	Less: direct express 9b	0				
- 1	c	Net income or (loss) from gaming activities		0			
- 1		Gross sales of inventory, less					
		returns and allowances	86,584				
	b	Less: cost of goods sold 10b	0			100 000	
		Net income or (loss) from sales of inventory	•	86,584			
<u> </u>			siness Code	20,001			
<u>ĕ</u> <u>ĕ</u>	11a	Miscellaneous Income 9000	99	2,384	2,384		
cellaneo Revenue	b			0			
	C			0			
Miscellaneous Revenue	d	All other revenue		0			
Σ	е	Total. Add lines 11a-11d	▶	2,384			
	12	Total revenue. See instructions		580 561	48.003	Ω	25.080

Par	t IX Statement of Functional Expenses				<del></del>
Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other or	ganizations must c	omplete column (A).	
	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		
Do 1	not include amounts reported on lines 6b, 7b, 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				
•	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			- 9.1	
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o	18	Lara	
4	Benefits paid to or for members	0		TO. W.	
4	Compensation of current officers, directors,		4		
5	•	66,946	44,8₹	15,448	6,620
_	trustees, and key employees	00,040			
6	Compensation not included above to disqualified			•	
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	222,670	140.408	51,381	22,021
7	Other salaries and wages	222,070	140,200	31,301	22,021
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	60.040	F 400	2.000
10	Payroll taxes	25,39	18,048	5,139	2,203
11	Fees for services (nonemployees):	• •			
а	Management	0	<b>&amp;</b>		
b	Legal	<b>6</b> 0	<u> </u>		
С	Accounting	0,500	14,833	5,667	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	8,954		8,954	
g	Other. (If line 11g amount exceeds 10% of line 25, column	<b>E7</b>			
3	(A), amount, list line 11g expenses on Schedule O.)	19,074	_13,801	5,273	
12	Advertising and promotion	5,318	4,268	1,050	
13	Office expenses	16,152	6,036	10,116	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	20,819	18,240	2,579	
17	Travel	0			
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public sicials	o			
40	Conferences, conventions, and meetings.	0			
19		0			
20	Payments to affiliates	0			
21	Depreciation, depletion, and amortization	22,934	18,347	2,294	2,293
22	Insurance	16,993	14,368		
23	Other expenses. Itemize expenses not covered	10,000			
24	above. (List miscalaneous expenses on line 24e. If				
	above. (List miscerane das expenses on line 24e. II				
	line 24e amount exceeds 19% of line 25, column	St Park St St St.			
	(A), amount, list line 240 expenses on Schedule O.)	118,620	118,620		
a	Food Costs		31,533		
þ	Kitchen & Dining Room Supplies	31,533	2,675		
С	Repairs & Maintenance	7,033			
d	Auto & Travel	17,818	17,617		· · · · · · · · · · · · · · · · · · ·
е	All other expenses	9,011	3,087		00.40
25	Total functional expenses. Add lines 1 through 24e	629,765	475,619	121,009	33,13
26	Joint costs. Complete this line only if the			1	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here   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
	1	Cash—non-interest-bearing	48,410	1	76,657
	2	Savings and temporary cash investments	33,144	2	61,303
	3	Pledges and grants receivable, net	41,424	3	35,660
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
	•	trustee, key employee, creator or founder, substantial contributor, or 35%	V 1-		
		controlled entity or family member of any of these persons	C	5	
	6	Loans and other receivables from other disqualified persons (as defined	A 400	1	
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
\$3	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	3,6.7	8	7,219
ğ	9	Prepaid expenses and deferred charges	2,360	9	5,212
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 683,785			
	Ь	Less: accumulated depreciation 10b 571,126	135,593	10c	112,659
	11	Investments—publicly traded securities	1,144,481	11	977,856
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11.	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,409,069	16	1,276,566
	17	Accounts payable and accrued expenses	19,274	17	50,576
	18	Grants payable	0	18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Ø	22	Loans and other payables to any current or former of icer, director,			
Liabilities		trustee, key employee, creator or founder, substantia contributor, or 35%			
<u></u>		controlled entity or family member of any of these passons	0	22	
=======================================	23	Secured mortgages and notes payable to unrelate Lithird parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 this igh 25	19,274		50,576
10		Organizations that follow FASS AS \$58, check here ► X			
Ce		and complete lines 27, 28, 32, and 33.			
<u>a</u> n	27	Not accets without donor parties	1,342,742	27	1,108,491
Ba	27 28	Net assets with donor restrictions.	47,053	28	117,499
멀	20	Organizations that to no fanow FASB ASC 958, check here	11,000		
Ē		and complete mes. 29 through 33.			
ō	20	Capital stocker tryst principal, or current funds	0	29	
श्च	29 30	Paid-in or capital surphis, or land, building, or equipment fund.	0	30	
986	1	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	31 32	Total net assets or fund balances	1,389,795		1,225,990
N N	33	Total liabilities and net assets/fund balances	1,409,069		1,276,566
	JJ	total liabilities and not assets/fund balances	1, 100,000		Form <b>990</b> (2021)

					40
	990 (2021) Fallbrook Senior Citizens Service Club	95-	2892632	Pag	ge <b>12</b>
-ar	Reconciliation of Net Assets			ı	
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.                                     </u>	<u></u>
1	[ 1 ] [ 1 ]	1		580	),561
2	Total expenses (must equal Part IX, column (A), line 25)	2		629	9,765
3	Trovoltad load experience: dabutad into 2 in the little in	3		-49	9,204
4	rect abbotto of fairle bellations at beginning of year (most expect to act of the control of the	4		_	9,795
5	Net unrealized gains (losses) on investments	5		-114	1,601
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Thorported adjustments:	8			
9	Other changes in her doocto or fand balances (explain on contentio o).	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
	column (B))	10		1,225	5,990
art	t XII Financial Statements and Reporting	P .		,	_
	Check if Schedule O contains a response or note to any line in this Part XII.			· [	<u> </u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Oper If the organization changed its method of accounting from a prior year or checked "Other explain on Schedule O.			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	- 19	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year we is compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	3 7 5	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements or the year were audited on a				
	separate basis, consolidated basis, or both:			3.1	
	X Separate basis Consolidated basis on solidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
Ů	the audit, review, or compilation of its financial statements and selection of an independent accountant?	71 74	2c	Х	
	If the organization changed either its oversight process of selection process during the tax year, explain on				
	Schedule O.				EF
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	c sec men	3a		Х
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.		. 3b		
				000	

Form 990 (2021)

### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

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

2021

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

		e organization					OF OO		
		Senior Citizens Service Club	11 O4 4 × (All			L: 4 \		92632	_
Pai		Reason for Public Char							_
1he 1	orga	nization is not a private foundat A church, convention of church							
2		A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3	$\sqcap$	A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(	b)(1)(A)(ii	i).		
4		A medical research organizatio hospital's name, city, and state	n operated in conjur					nter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a go	ernn ental unit desc	cribed in	
6		A federal, state, or local govern		tal unit described in se	action 170	VIANTA VAN			
-	片					(0)		ral mublic	
7	X	An organization that normally redescribed in section 170(b)(1)	(A)(vi). (Complete F	ar part of its support ifo Part II.)	nii a gove	intriental t	int of from the gene	rai public	
8		A community trust described in			- Air.				
9		An agricultural research organia or university or a non-land-grar university:	zation described in s nt college of agricult	section 170(b)(1)(A)(ixure (see instructions).	t) operated Enter the	in conjur n inte, city	nction with a land-gra r, and state of the co	ant college llege or	
10		An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns, subject to certain e ed business taxable in	ex eptions come (les	s; and (2) r s section (	no more than 33 1/3' 511 tax) from busine	% of its	
11		An organization organized and	operated exclusivel	y to test for public of	ty. See <b>s</b> e	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support	operated exclusivel ed organizations de	y for the per efit of, to person so the secribed in section 509	perform th	e function section 50	s of, or to carry out t	n 509(a)(3).	
	-	Check the box on lines 12a thro	-		-				
а	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 organize control or management of the organization(s). You must c	zation supervise on ne supporting colani	controlled in connecti zation vested in the sa	on with its ime perso	supporterns that co	d organization(s), by ntrol or manage the	having supported	
С		Type III functionally integra	ated. A supporting o	rganization operated i				rated with,	
d	Г	its supported organization(s)  Type III non-functionally in	) (see inclinations).	ting organization opera	ated in cor	nection w	ith its supported ora	anization(s)	
u	L	that is not functionally integr requirement (see instruction	ate. The organizat	ion generally must sati	isfy a distr	ibution red	quirement and an att	tentiveness	
е		Check this box if the organic functionally integrated, or Ty	ation received a wri	itten determination fror	n the IRS	that it is a	Type I, Type II, Type	e III	
f		Enter the number of supported							ō
q		Provide the following information		ed organization(s).				-	_
_	(i) !	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)	-								
(B)									_
(C)									_
(D)				<u> </u>					_
(E)	_			M		1			_
Tota							0		0
ruta									J

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 ur	nder
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	529,083	357,457	340,333	411,100	420,885	2,058,858
2	Tax revenues levied for the organization's benefit and either paid					_	
	to or expended on its behalf						0
3	The value of services or facilities				4	165	
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	529,083	357,457	340,333	4411,100	420,885	2,058,858
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on				No. of		
	line 1 that exceeds 2% of the amount			100			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	1,5 1 2 11					2,058,858
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	529,083	357,457	340,333	411,100	420,885	2,058,858
8	Gross income from interest, dividends,		<b>▲</b>				
	payments received on securities loans,						
	rents, royalties, and income from similar sources	37,860	38,382	26,231	25,239	25,089	152,801
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C				0
10	Other income. Do not include gain or loss from the sale of capital assets		10,000	42.040	0.404	2 224	
11	(Explain in Part VI.)	ଞ୍ଚ,୦୩	10,220	13,048	6,164	2,384	41,661
12	Total support. Add lines 7 through 10	o instructions)				12	2,253,320 555,678
13	First 5 years. If the Form 990 is for the organ	400 VIII 400 AND		r fifth tay year as a		12	333,676
	organization, check this box and stop here					· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Public Sup	port Percenta	ige				
	Public support percentage for 2021 (line 6 co					14	91.37%
	Public support percentage from 2020 and edu					15	89.49%
16a	33 1/3% support test—2021 If the organiza						
	and stop here. The organization qualities as						<b>▶</b> X
b	33 1/3% support test—2020. If the organiza box and stop here. The organization qualifies						6 + H •
17a	10%-facts-and-circumstants cest—2021. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization.	e facts-and-circun	nstances test, che	ck this box and <b>sto</b>	p here. Explain in		
b	10%-facts-and-circumstances test—2020. 15 is 10% or more, and if the organization me in Part VI how the organization meets the fact organization.	ets the facts-and-ots-and-ots-and-circumstand	circumstances test ces test. The orgar	, check this box an nization qualifies as	d <b>stop here</b> . Expla	ain	
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a. 16b.	17a, or 17b. check	this box and see		
	instructions					688	5 2 2 1 E

# 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						C
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513. 😓						0
4	Tax revenues levied for the						
	organization's benefit and either paid to					<b>⋄ ₽</b>	
	or expended on its behalf		_			,	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3			5			
	received from disqualified persons						0
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		4	25 20			0
С	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from		1 0	100			
	line 6.)						0
Sec	ction B. Total Support		13				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less		4				
	section 511 taxes) from businesses		<b>(</b> )				
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	2					
	activities not included on line 10b, whether						
	or not the business is regularly carried on	4	_				0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines, 10c, 1				_		
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 1990 is for the organi	zation's first, sec	ond, third, fourth, o	r fifth tax year as a	a section 501(c)(3)		_
	organization, check this box and stop here.	<u></u>					<b>▶</b> <u> </u>
Sec	tion C. Computation of Public Supp	oort Percenta	ige				
15	Public support percentage for 2021 (line 8, colo	umn (î), divided b	y line 13, column (	1)		15	0.00%
16	Public support percentage from 2020 Schedule	e A, Part III, line 1	5		<u>.</u> .	16	0.00%
Sec	tion D. Computation of Investment	<b>Income Perc</b>	entage				
17	Investment income percentage for 2021 (line 1	Oc, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	investment income percentage from 2020 Sch					18	0.00%
	33 1/3% support tests—2021. If the organiza					and line 17 is	
	not more than 33 1/3%, check this box and sto						🕨 🗌
b	33 1/3% support tests—2020. If the organiza						
	line 18 is not more than 33 1/3%, check this bo	ox and stop here	. The organization	qualifies as a publ	licly supported orga	nization 😁 🕾 .	2 OI 🕨 🔛
20	Private foundation. If the organization did not	t check a box on	line 14, 19a, or 19l	o, check this box a	nd see instructions		# 1# # <b>-</b>

# Part IV Sup

# **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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If has, "answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI vite and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to exact use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make **g** ants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization has such control and discretion despite being controlled or supervised by or in connection with its support of organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V what controls the organization used to ensure that all support to the foreign supported organization was beed exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported granizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the substitution an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make foan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified person, as defined in section 4946 (other than foundation managers and organizations described in section 39(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		-
30		
3с		
4a		
4d		
	(0)	
4b		
4c		
43	11	
	100	
5a		
5b		
5c		
6		
	-	
7		
e		7
8		<u> </u>
9a		
9b		
9с		
10a		
10b		
IUD		

Part	Supporting Organizations (continued)			
44	Headha ann airtin accepted a citi an antiile tire to a contile tire tire to a contile tire tire tire to a contile tire tire tire tire tire tire tire tir		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.		
b	11c below, the governing body of a supported organization?  A family member of a person described on line 11a above?	11a	$\vdash$	_
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b		1.4
·	detail in <b>Part VI.</b>	11c		
Sect	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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			E.F
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) at organizated,			
Sacti	supervised, or controlled the supporting organization.  on C. Type II Supporting Organizations	2		
Secu	on C. Type if Supporting Organizations	<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also amajority of the directors		res	No
•	or trustees of each of the organization's supported organization(s)? If "No," Jeschie in rart VI how control			
	or management of the supporting organization was vested in the same parsons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organization, 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?	1		
2	Were any of the organization's officers, directors, of trust as einer (i) appointed or elected by the supported	17-14		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous with king relationship with the supported organization(s).  By reason of the relationship described on line 2, bove, did the organization's supported organizations have	2		
3	a significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax "ear?" "Yes," describe in Part VI the role the organization's			
	supported organizations played in this recard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst.	ructions		
а	The organization satisfied the activities Test. Complete line 2 below.	20110170	7.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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			
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	17.1		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	1,84		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			15
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ons must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		( )	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Price Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	in i		
instructions for short tax year or assets held for part of year):	. 0.		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	4 15		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10	O O	0
e Discount claimed for blockage or other factors	90		
(explain in detail in Part VI):		The second second	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for real amount,	Ť	- J	
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Second B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\sqcap$		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting o	rganization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5_	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b>	<i>I)</i> 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2021 from Section C, line 6		9)	0
10	Line 8 amount divided by line 9 amount	T	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016	V 40 0		
b	From 2017	#207 may x (#120) =		
c	From 2018			
d	From 2019 0			
ее	From 2020			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h_	Applied to 2021 distributable amount	A.		0
i	Carryover from 2016 not applied (see instructions)	<u>}</u>		
i_	Remainder. Subtract lines 3g, 3h, and 3i from line	0		
4	Distributions for 2021 from			
	Section D, line 7: \$ 0			
_	Applied to underdistributions of prior years		0	
	Applied to 2021 distributable amount	0		0
<u>c</u>	Remainder. Subtract lines 4a and 4b from the	0		
5	Remaining underdistributions for years vior to 2021, if			
	any. Subtract lines 3g and 4a from the 2. For result			
	greater than zero, explain in Part VI. See instructions.  Remaining underdistributions for 2021 Subtract lines 3h		0	
6	and 4b from line 1. For result a reater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2022. Add lines 3j			
8	and 4c. Breakdown of his 2	0		
	Excess from 2017			
	E			
	Excess from 2019 0			
d d	Excess from 2020 0			
	Excess from 2021 0			
	2,0000			

Schedule A (Form 990) 2021

Page 8

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** Fallbrook Senior Citizens Service Club 95-2892632

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation.
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
-	ered by the General Rule or a Special Rule.
<b>Note:</b> Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
iristi uctions.	
General Rule	
X For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000
or more (in money or pro	operty) from any one contributor. Complete Parts I and II. See instructions for determining a
contributor's total contrib	utions.
Special Rules	
Car an arganization does	prihad in aaction 501(s)). Siling Form 000 or 000 F7 that mat the 22 1/2 0/ aumnor took of the
	cribed in section 501(c) Stiling Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 1,0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
16b, and that received fr	om any one contributor, Juring the year, total contributions of the greater of (1) \$5,000; or
(2) 2% of the amount on	(i) Form 990, Fart Vin, fine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization desc	cribed in section 591(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, as for the prevention of cruelty to children or animals. Complete Parts I (entering
	ad of the contributor name and address), II, and III.
For an organization desc	htted in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
contributor, during the	ear, contributions exclusively for religious, charitable, etc., purposes, but no such
	re fran \$1,000. If this box is checked, enter here the total contributions that were received Busively religious, charitable, etc., purpose. Don't complete any of the parts unless the
General Rule applies to	this organization because it received nonexclusively religious, charitable, etc., contributions
totaling \$5,000 or more o	during the year....................... ▶ \$

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

Name of organization Employer identification number Fallbrook Senior Citizens Service Club 95-2892632

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Fallbrook Healthcare District 577 East Elder, Ste.U Fallbrook CA 92028 Foreign State or Province: Foreign Country:	\$ 133,186	Person X Payroll Noncash Complete Part II for n neash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Legacy Endowment Community Foundation PO Box 2710 Fallbrook CA 92088 Foreign State or Province: Foreign Country:	\$ 20,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution				
3	County of San Diego 5560 Overland Ave. Ste.310 San Diego CA 92123 Foreign State or Province: Foreign Country:	\$ 178,094	Person X Payroll  Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	San Diego Seniors Community PO Box 60515 San Diego CA 92 06 Foreign State or Province: Foreign Country:	\$ 55,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5	The Angel Society of Fallbrook  PO Box 1408  Fallbrook  CA 92088  Foreign State or Province: Foreign Country	\$ 10,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization Fallbrook Senior Citizens Service Club Employer identification number 95-2892632

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(C) MV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property siven:	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		.					

Name of org				Employer identification number
Part III	Senior Citizens Service Club  Exclusively religious, charitable, etc., co			
	(10) that total more than \$1,000 for the ye the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional st	mpleting Part (Enter this info	III, enter the total of excluormation once. See instru	usively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift		Use of gift	(d) Description of how gift is held
Part I				
	Transferenta name address and 71		ansfer of gift	p of transferor to transferee
	Transferee's name, address, and ZI			p & transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
			ansies of gift	
	Transferee's name, address, and ZI	P+4	Relationshi	p of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(e) Tr	ansfer of gift	
	Transferee's peme, address, and ZI	P+4	Relationshi	p of transferor to transferee
	For. Pro Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(e) Tr	ansfer of gift	
	Transferee's name, address, and ZII		-	p of transferor to transferee
	For. Prov. Country			

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Fallb	rook Senior Citizens Service Club		95-2892632
Par			ds or Accounts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		A 480
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	r advisors in writing that the assets held in	donor dyisted
	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		Yes No
Par			
I ai	Complete if the organization answere	d "Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by		
٠.	Preservation of land for public use (for example		n of a historically important land area
		The state of the s	
	Protection of natural habitat	Treservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified concervation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easem-	ents 🌏 . 📝	2b
С	Number of conservation easements on a certifie	ed historic struct e included in (a)	. 2c
d	Number of conservation easements included in	(c) acquired after 725/06, and not on a	
	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tr	ansferred, released, extinguished, or termi	nated by the organization during
	the tax year		
4	Number of states where property subject to con	secution pasement is located	
5	Does the organization have a written policy regu	ding the periodic monitoring, inspection, h	handling of
	violations, and enforcement of the conservation	ea ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring insp		onservation easements during the year
		j	
7	Amount of expenses incurred in monitoring, specting	ng, handling of violations, and enforcing conser	rvation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement epolici on	line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization repor		
	balance sheet, and include if applicable, the tex	t of the footnote to the organization's finan	icial statements that describes the
	organization's accounting for conservation ease	ments.	
Part	III Organizations Maintaining Collection		Other Similar Assets.
	Complete the organization answered		
1a	If the organization sected as permitted under F	ASB ASC 958, not to report in its revenue	statement and balance sheet
	works of art, historical measures, or other similar	assets held for public exhibition, educatio	n, or research in furtherance of
	public service, provide in Part XIII the text of the	footnote to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under F	ASB ASC 958, to report in its revenue stat	ement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, education	n, or research in furtherance of
	public service, provide the following amounts rel		
	(i) Revenue included on Form 990, Part VIII, line	e 1	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

Part	III Organizations Maintaining C	ollections of A	rt, Histor	ical Tre	asures, or (	Other Sir	nilar Asset	s (continu	ıed)
3	Using the organization's acquisition, ac-	cession, and other	records, o	heck any	of the followi	ng that ma	ke significan	t use of its	
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	exchange pro	ogram			
b	Scholarly research		е 🗍	Other					
c	Preservation for future generations		_						
	Provide a description of the organization		explain h	ow they fi	irther the orga	anization's	exempt purp	ose in Part	
4	XIII.	irs collections and	САРІСІІТТІ	ow they re		arii Eddorii o	orrorribe barb		
5	During the year, did the organization so	licit or receive don	ations of a	rt histori	cal treasures.	or other si	milar		
J	assets to be sold to raise funds rather the	han to be maintain	ed as part	of the org	ganization's c	ollection?		Yes	No
Part			· · · ·						
ган	Complete if the organization a	nswered "Yes" o	n Form 9	90. Part	IV. line 9. o	г герогіс	an amoun	t on Form	l
	990, Part X, line 21.			,					
1a	Is the organization an agent, trustee, cu	ıstodian or other in	termediar	y for conti	ributions or ot	her sets	Not		
	included on Form 990, Part X?					The same		Yes	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	the follow	ving table		8			
								Amount	
C	Beginning balance					1c			0
d	Additions during the year					1d			
е	Distributions during the year				·(· · )	1e			
f	Ending balance					1f			0
2a	Did the organization include an amount	on Form 990, Par	t X, line 21	l, for esor	ow or custodi	al account	liability?	Yes	X No
b	If "Yes," explain the arrangement in Par	t XIII. Check here	if the expla	anation h	been provi	ded on Pa	t XIII		<u> </u>
Part	V Endowment Funds.		•	1	•				
	Complete if the organization a	nswered "Yes" o	n Form 9	90 Pant	IV, line 10.				
		(a) Current year	(b) P	r year	(c) Two years		Three years bac		years back
1a	Beginning of year balance	0	W.	0		0		0	0
b	Contributions			<b>.</b>					
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships							-	
е	Other expenditures for facilities		*						
	and programs					_		+	
ī	Administrative expenses , End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the				olumn (a)) hel	d as:			
a	Board designated or quasi-endowment		%		( //				
b	Permanent endowment	%							
C	Term endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	should equal 100	0%.						
3a	Are there endowment funds of the the	ossession of the o	rganizatio	n that are	held and adr	ninistered	for the		
	organization by:								Yes No
	(i) Unrelated organizations	52	12 2 13 1	n vav. Grinne	RIBS ES :		5 - 60 8 6	3a(i)	
	(ii) Related organizations							3a(ii)	<del></del>
b	If "Yes" on line 3at the related org							3b	
4	Describe in Part XIII the intended uses		rs endowr	nent tuna	S				
Part	VI Land, Buildings, and Equipm Complete if the organization a	nent. newored "Yes" o	n Form C	OO Dad	· IV/ line 11a	See For	m 000 Par	t X line 1	n
					or other basis		umulated	(d) Boo	
	Description of property	(a) Cost or of			other)		eciation	(4) 500	i. vuiuo
1a	Land		0		0				
b	Buildings	*1.0	0		611,774		499,115		112,659
C	Leasehold improvements		0		0		0		0
d	Equipment		0		72,011		72,011		
е	Other		0		0		0		0
Total	I. Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X,	column (	B), line 10c.) .		▶		112,659

Schedule D (F	Form 990) 2021 Fallbrook Senior Citizens Service	e Club		95-2892632 Page <b>3</b>
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 11b. See Form 9	990, Part X, line 12.
-	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation:
(1) Financia	al derivatives	0		
(2) Closely	held equity interests	0		
(3) Other				
		<u>,</u>		
(C)				
(D)				
(E)				
				<u> </u>
(G)				<i></i>
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related.			000 D 1 V II 40
	Complete if the organization answered "Y	<u>es" on Form 990, </u>		
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
			Cost of cital of your	TIGHTOU TO TO TO TO TO TO TO TO TO TO TO TO TO
(1)				
(2)				
(3)				
(4)				
(5)		4		
(6) (7)			»	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0		
Part IX	Other Assets.			
I dit ix	Complete if the organization answered "Y	es" on Form 990.	Part IV, line 11d. See Form 9	990. Part X. line 15.
	(a) Descrip	n		(b) Book value
(1)				
(2)	4			"
(3)			<del></del>	
(4)				
(5)				
(6)				_
(7)				
(8)				
(9)				
Total. (Cold	umn (b) must equal Fq m > 0, Part X, col. (B) line	<u>e 15.) </u>	<u> </u>	0
Part X	Other Liabilities.			
	Complete if the organization answered "Y	es" on Form 990,	Part IV, line 11e or 11f. See I	Form 990, Part X,
_	line 25.			
1	(a) Description	n of liability		(b) Book value
	al income taxes			0
(2)				
_(3)				
(4)				
_(5)				
(6)				
(7)				1
(8)				
(9)	umn (h) must squal Form 000 Port V and (D) line	25 \		0
iotal. (Cold	umn (b) must equal Form 990, Part X, col. (B) line	5 ZU. J	<del>a aja a a a a a a a a a ajaj</del> ej	. 0

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  2 Net unrealized gains (ossess) on investments.  2 Donated services and use of facilities  3 Complete of the	Par	t XI Reconciliation of Revenue per Audited Financial Statement			turn.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on investments  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  Add lines 2a through 2d.  3 Subtract line 2e from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.  Total expenses and losses per audited financial statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25; but not on line 1  a Investment expenses not included on Form 990, Part IV, line 7b.  b Other (Describe in Part XIII.)  c Add lines 2a through 2d.  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part IV, line 18).  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).  Fart XIII Supplemental Information.  Part XIII Supplemental Information.  Part XIII Supplemental Information information.  Part XIII Line 2d Total expenses of \$8,954related to injustment management fees are netted				2a		
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part II, line 12.) 5 Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII line 2d Total expenses of \$8,954related to investment management fees are netted					1	457,006
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c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d -8,954  Add lines 2a through 2d 2e  3 Subtract line 2e from line 1 3 3	а			-114,601		
d Other (Describe in Part XIII.)	b				7.74	
e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a   4a   4b   4b   4c   4c   4c   4c   4c   4c						
3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.						
Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, life 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 2d and 4b, Also complete this part to provide any additional information. Part VII Line 2d Total expenses of \$8,954 related to investment management fees are netted						-123,555
a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  c Add lines 4a and 4b.  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, lips 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.  Provide the descriptions required for Part III, lines 3, 5, and 9, and II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part VII Line 2d Total expenses of \$8,954 related to investment management fees are netted  Part VI Line 2d Total expenses of \$8,954 related to investment management fees are netted			1		3	580,561
b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements. 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) 5 Part XIII Supplemental Information. Part VII Line 2d Total expenses of \$8,954related to investment management fees are netted	_		1.1			
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a Investment expenses not included on Form 990, Part VIII, lin 7b			`		3	620,811
b Other (Describe in Part XIII.) 4b 8,954 c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; art II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.  Part VII Line 2d Total expenses of \$8,954 related to investment management fees are netted  Part VI Line 2d Total expenses of \$8,954 related to investment management fees are netted			40			
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Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; tart II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part VII Line 2d Total expenses of \$8,954 related to investment management fees are netted  against revenue on the audited financial statements and shown separately on the form 990.  Part VI Line 2d Total expenses of \$8,954 related to investment management fees are netted	-	Total expanses Add lines 3 and 4c (This must equal Form 900 Part Lline 18)				629,765
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2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  Part VII Line 2d Total expenses of \$8,954 related to investment management fees are netted  against revenue on the audited financial statements and shown separately on the form 990.  Part VI Line 2d Total expenses of \$8,954 related to investment management fees are netted			Part IV lines	e 1b and 2b: Dort	\/ lino 4:	Port V line
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against revenue on the audited financial statements and shown separately on the form 990.  Part VI Line 2d Total expenses of \$8,954related to investment management fees are netted				dailional illionnai	.1011.	
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Part VI Line 2d Total expenses of \$8,954related to investment management fees are netted			- 000			
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against revenue on the audited financial statements and shown separately on the form 990.	Par v	71 Line 2d Total expenses of \$8,954 eart of investment management lees are i	nettea			
against revertible on the addited infanctar statements and shown separately on the form 990.	:_	et revenue on the guidited financial laboration and shown concretch, on the form	~ 000			
	ayaııı	st revenue on the addited linarior statements and shown separately on the form	11 990.			

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Falibrook Senior Citizens Service Club	195-2892632
Form 990, Part VI, Section B, Line 11b: Form 990 is provided to the governing Board for review	
and approval prior to filing.	
Form 990, Part VI, Section C, Line 19: The Organization's governing documents and conflict of	
interest policy are available upon request.	
Form 990, Part IV, Section B, Line 15a: The Board reviews the Executive Directors salary on any	
annual basis.	
	<b></b>
• C 3	
	······································
. 01	

# TAXABLE YEAR California Exempt Organization 2021 Annual Information Return

199

Calendar Ye	ar 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021 , and end	ding (mm/dd/yyyy)	06/30/2022
Corporation/O	ration number		
FALLBR	OOK SENIOR CITIZENS SERVICE CLUB	0716432	
	rmation. See instructions.	FEIN	
		95-2892	
	a (suite or room) ALD LANE		PMB no.
city FALLBR	DOK	State _CA	Zip code 92028
Foreign count	y name Foreign province/state/county		Foreign postal code
	n		
B Amended	return	TB? See instruction	ns
C IRC Secti	on 4947(a)(1) trust		· -
D Final info	rmation return? engaged in political	activities? See instr	ructions ●  Yes  No
_			23701g? ● Yes 🗵 No
	ii les, eillei die gloss i	·	npany? ● Yes X No
F Federal re	eturn filed? (1) 990T (2) 990PF (3) Sch H (990) M Did the organization	file Form 100 or Fo	orm 109 to
(4) X Oth	er 990 series report taxable incom	ne?	
G Is this a g	roup filing? See instructions	inder audit by the IF	RS or has the
H Is this org	anization in a droup exemption		Yes X No
	hat is the parent's name? O Is federal Form 1023		
	Date filed with IRS		_
Part I C	omplete Part I unless not required to file this form. See General Information B and	10	
raiti C	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		159,67600
	2 Gross dues and assessments from members and affiliates		7 0000
	3 Gross contributions, gifts, grants, and similar amounts received.		412 (250
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		
and	This line must be completed. If the result is less than \$50,000, see General Inform	nation B	580,56100
Revenues	5 Cost of goods sold	0	0
	6 Cost or other basis, and sales expenses of assets sold	0	0
	7 Total costs. Add line 5 and line 6		7 00
	8 Total gross income. Subtract line 7 from line 4	<u> </u>	8 580,56100
	9 Total expenses and disbursements. From Side 2, Part II, line 18		
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<u></u>	<b>10</b> -49,20400
	11 Total payments		11 00
	12 Use tax. See General Information K		
Filing Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		
1 III.ig . 00	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		- <del>                                    </del>
	15 Penalties and interest. See General Information J		
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedule.	les and statements and	
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all infi	formation of which prep	arer has any knowledge.
Here	Cianatura	Date •	Telephone
	of officer SECRETARI	<u>`</u>	760) 728-4498
	Proporarie		00287581
Paid	aignature 2001at 0 0 001111 and 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 1111 and 0 0 0 0 0 0 1111 and 0 0 0 0 0 0 1111 and 0 0 0 0 0 0 1111 and 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed)		5-3749711
USE Offig	and address 5190 GOVERNOR DR, #201, SAN DIEGO, CA 92122		Telephone 58-457-5252
	May the FTB discuss this return with the preparer shown above? See instructions		X Yes No

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

	regardicos el alliente el gress rescipto complet	te i dit ii di idillibil babatitat	o mnormation.		_		
	1 Gross sales or receipts from all business	activities. See instruction	ons	<del></del>	1		132,20300
	2 Interest				2		25,08900
Receipt	3 Dividends				3		00
from	4 Gross rents	4		00			
Other	5 Gross royalties				5		0.0
Source	6 Gross amount received from sale of assi				6		00
	7 Other income. Attach schedule				_		2,38400
	8 Total gross sales or receipts from other sources.				$\rightarrow$		159,67600
	9 Contributions, gifts, grants, and similar a	-			9		00
	10 Disbursements to or for members						00
	11 Compensation of officers, directors, and				_		48,89600
	12 Other salaries and wages				$\overline{}$		222,67000
_	49 1-4						0.0
Expens and	14 Taxes				$\rightarrow$		25,39000
Disburs					<del></del>		20,81900
ments	16 Depreciation and depletion (See instruction				_		22,93400
	17 Other expenses and disbursements. Atta	· ·			_		289,05600
	18 Total expenses and disbursements. Add				18		629,76500
Schedu		Beginning of					ole year
Assets	Data No Orioct	(a)	(b)	(c)	id Oi i		(d)
	h		81,554				137,960
	accounts receivable		41,424			ě	35,660
	notes receivable		·		7	i	
	ntories		3,657				7,219
	eral and state government obligations		. ,				
	stments in other bonds		1,144,481			i	977,856
	stments in stock					•	
	gage loans						
	er investments. Attach schedule					H	
	Depreciable assets	683,785	The last of the last of	683,	785		
	Less accumulated depreciation	( 548,192)	135,593				112,659
	i					•	
	er assets. Attach schedule		2,360				5,212
	l assets		1,409,069			-	1,276,566
	es and net worth						2,2,0,000
	punts payable		19,274			•	50,576
	tributions, gifts, or grants payable		,				
	ds and notes payable			E	77 [ ]	•	
	gages payable						
	er liabilities. Attach schedule					Ť	
	tal stock or principal fund						
	-in or capital surplus. Attach reconciliation						
	ined earnings or income fund		1,389,795				1,225,990
	I liabilities and net worth		1,409,069		-	<u> </u>	1,276,566
Schedu		cs with income per retu				1	
0011044	Do not complete this schedule if the			ess than \$50.000			
1 Neti	ncome per books	<ul><li>−163,805</li></ul>	7 Income recorded of			III.	5 1 2
		•		•		•	-114,601
	me not recorded on books this year.	against book income this year.					
	ch schedule		Attach schedule			•	= 100
	enses recorded on books this year not						-114,601
	cted in this return. Attach schedule						
	Add line 1 through line 5	-163,805	Subtract line 9 from				-49,204
U IUIAI	. And the Falledgir line 5		Oubtract line 3 IIOI				13,201

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021)

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

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

Fallbrook Senior Citizens Service Club  Name of Organization			hange of address		
List all DBAs and names the organization uses or has used		L A	mended report		
399 Heald Lane		C1-4- (	Shoulte Domintonting Number 024	1700	
Address (Number and Street)		State	Charity Registration Number024	1798	
Fallbrook, CA 92028		Corpor	ation or Organization No. C0716	432	
City or Town, State, and ZIP Code		1			
	ww.fallbrookseniorcenter.com mail Address	Federa	I Employer I.D. No. 95-289263	32	
	RENEWAL FEE SCHEDULE (11 Cal. Coo	de Regs.	sections 301-307, 311, and 312)		
	Make Check Payable to Department	_			
Total Revenue Fee	Total Revenue	<u>Fee</u>	Total Revenue	E	<del></del> _
Less than \$50,000       \$25         Between \$50,000 and \$100,000       \$50         Between \$100,001 and \$250,000       \$75	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 million	\$100 \$200 \$400	Between \$20,000,001 and \$100 millio Between \$100,000,001 and \$500 millio Greater than \$500 million	on \$1	00 ,000 ,200
PART A - ACTIVITIES					
For your most recent full accounting p	eriod (beginning 7/1/2021	endii	ng <u>6/30/2022</u> ) list:		
Total Revenue \$ (including noncash contributions) 580,56	1 Noncash Contributions \$	3	3,562 Total Assets \$ 1,2	76.566	
	475,619 Total Exp				•
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page					
providing an explanation and details for ea				Yes	No
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?					
During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?					
	and range asca to pay any penalty, mic or	juaginen		_	X
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?					
5. During this reporting period, did the organization receive any governmental funding?					
5. During this reporting period, did the organization hold a raffle for charitable purposes?					V
7. Does the organization conduct a vehicle donation program?					
3. Did the organization conduct an independent audit and prepare audited financial statements in accordance with					
generally accepted accounting principles for thi		its in acc	ordance with	х	
9. At the end of this reporting period, did the organ	nization hold restricted net assets, while re	porting ne	egative unrestricted net assets?		х
declare under penalty of perjury that I have ex		nying do	cuments, and to the best of my knowle	dge	
and belief, the content is true, correct and com	plete.				
		<u>s</u>	ecretary		
Signature of Authorized Agent	Printed Name		Title	Date	

# Fallbrook Senior Citizen's Service Club

EIN: 95-2892632 CA Corp: 0716432 CA Charity: 024798

RRF-1 Year Ended June 30, 2022

Question 5

County of San Diego 5560 Overland Ave. Ste. 310 San Diego CA 92123

Fallbrook Healthcare District 577 East Elder, Ste. U Fallbrook, CA 92028



### FRHD CHC GRANT BUDGET FORM

Agency
Name:

Fallbrook Senior Citizens Service
PROGRAM
NAME:
Club

Congregate Meal Program

Congregate Meal Program

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.

Α.	INDIDECT EVDENCES:	PROGRAM	APPLYING	OTHER CHARGES	REQUESTED FROM
Α	INDIRECT EXPENSES:	COST	ORGANIZATION	OTHER FUNDERS	FRHD
A1	Administrative Support	21,000	6,000	15,000	
A2	General Insurance (not program specific )	1,000	500	500	
A3	Accounting & audit expenses	10,000	4,000	6,000	
A4	Consultant/Contractor Fees				
A5	Physical Assets (Rent, Facility Costs)	1,000	500	500	
A6	Utilities	2,000	1,000	1,000	
A7	IT & Internet	300	300		
A8	Marketing & Communications	1,000	400	600	
A9	Office Supplies	1,500	700	800	
A10	Training & Education				
A11	Other: specify				
	TOTAL INDIRECT EXPENSE	37,800	13,400	24,400	
В	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
B1	Salary-Chef (0.4)	16,000	3,000	5,000	8,00
B2	Salary-Kitchen Assistant (0.4)	10,300	2,300	4,000	4,00
В3	Salary-Nutrition Mgr/Administrator (0.3)	28,000	10,000	18,000	
B4	Salary-Lead Server (part-time 1.0)	6,000	1,000	2,000	3,00
B5	Payroll Expenses (WC, taxes)	8,500	2,000	4,500	2,00
В6	Benefits	2,700	2,700		
В7	Other: specify				
	TOTAL PERSONNEL EXPENSE	71,500	21,000	33,500	17,00
С					
_	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
C1	DIRECT PROGRAM EXPENSES  Equipment			OTHER FUNDERS	
				OTHER FUNDERS 3,000	FROM FRHD
C1	Equipment	COST	ORGANIZATION		FROM FRHD
C1 C2	Equipment Program/Kitchen Supplies	9,000	ORGANIZATION 1,000		FROM FRHD
C1 C2 C3	Equipment Program/Kitchen Supplies Printing/Duplicating	9,000	ORGANIZATION 1,000		FROM FRHD
C1 C2 C3 C4	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage	9,000 800	ORGANIZATION 1,000 800	3,000	FROM FRHD 5,00
C1 C2 C3 C4 C5	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance	9,000 800 3,000	0RGANIZATION  1,000  800  1,000	3,000	FROM FRHD 5,00
C1 C2 C3 C4 C5	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7 C8	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7 C8 C9	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	FROM FRHD 5,00
C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13	Equipment Program/Kitchen Supplies Printing/Duplicating Travel/Mileage Program Specific Insurance Food	9,000 800 3,000 50,000	1,000 800 1,000 5,000	2,000 20,000	

D	TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD
		\$ 176,400	27%

### 2) FUNDING SOURCES

E	FUNDS FOR PROGRAM			
E1	APPLYING ORGANIZATION	Х	44,200	25%
E2	OTHER FUNDERS	Υ	85,200	48%
E3	REQUESTED FROM FRHD	Z	47,000	27%

TOTAL FUNDING SOURCES 176,400 NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

### 3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency	699,463	176,400	25%
	budget that this Program represents.	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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



Agency Name: Fallbrook Senior Citizens Service Club

Program Name: Congregate Meal Program

# **INSTRUCTIONS:**

List other grant funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

Funder Name	Date Submitted	Amount Requested	Status
Legacy Endowment	7/22	\$10,000	Awarded



Agency Name: Fallbrook Senior Citizens Service Club

Program Name: Congregate Meal Program

**Total Organization Budget (Current Fiscal Year)** 

**Total Project Budget (Current Fiscal Year)** 

\$ 699,463.00

\$ 176,400.00

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

One-time

### **Organization Sources of Revenue**

(Total Organization Budget)

Sources of Funding (This Project Request)

One-time
Percent of funding?

			Onc-unc
		Percent	funding?
Source of funds	\$ Amount	of Total	(Yes/No)
Federal			
State			
City/County*	180000	25.7%	No
Other Govt.			
Proposed FRHD	124700	17.8%	No
Fees for Service			
Grants (non-gov't)	72000	10.3%	No
General Donations	100000	14.3%	No
Other Internal			
Organizational Fundraising	85000	12.2%	No
Other (list):			
Thrift Shop sales	110000	15.7%	No
Membership fees	8000	1.1%	No
Misc. (dividends/interest)	19763	2.8%	No
Total	\$699,463	100.0%	
* C:t./Ct./			

	Percent of	tunaing?
\$ Amount	Total	(Yes/No)
79000	44.8%	No
47000	26.6%	No
10000	5.7%	No
32000	18.1%	No
8400	4.8%	No
\$176,400	100.0%	

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

- 1. \$50,000 from County of San Diego Community Enhancement Grant for the meal program.
- 2. \$130,000 from County of San Diego Aging and Independence Services (AIS): Total annual contract amount is 14,160 meals (\$79,437) for our Home Delivered Meal Program and 10,000 meals (\$59,000) for our Congregate Meal Program. This is a reimbursing contract, and thus, only meals served are reimbursed to the Senior Center at a fixed price per meal. AIS will not allow a transfer of funds from one meal program to the other.

<sup>\*</sup> City/County



Agency Name: Fallbrook Senior Citizens Service Club

Program Name: Congregate Meal Program

### **INSTRUCTIONS:**

- 1. List items from your PROJECT BUDGET FORM (Sections A and B) that you are seeking FRHD support, and that requires explanation.
- 2. Your narrative should explain why this expense is necessary to the project and why or how FRHD funding would make an impact.

A. INDIRECT EXPENSES: Please indicate by the Line Number and Item Name

#	Name	Narrative:			
B. PE	B. PERSONNEL EXPENSES -PROGRAM SPECIFIC				

#	Name	Narrative:
В1	Salary-Chef	\$8k of the \$16k needed to employ an experienced chef insures that we can continue to provide quality meals that meet the strict requirements of the program
В2	Salary-Kitchen Assistant	\$4k of the \$10.3k needed to employ an assistant to the chef to insure we are able to prepare meals each day for the seniors who depend on this food source
B4	Salary-Lead Server	\$3k of the \$6k needed to employ this part-time certified food handler to serve meals and beverages as well as clearing dishes at the end of lunch. Also coordinates volunteer servers in setting tables, serving diners, and clearing/sanitizing tables to clean the dining area.

### **C. DIRECT PROGRAM EXPENSES**

# Name Narrative:

C2	Kitchen Supplies	\$5k of the \$9k needed for aprons and towels, napkins and paper goods, cleaning and sterilizing supplies, rubber gloves. Use of many of these items are required by the Health Department for food-handling establishments and allow us to pass inspections with "A" rating.
C6	Food	\$25k of the \$50k needed for food that includes fresh, frozen, and canned foods necessary to prepare meals as planned on the monthly menu. The purchase of food is of the highest priority to continue the meal program.