



**Organization Information**

**Legal Name**

Fallbrook Trails Council

**DBA (if Applicable)**

Fallbrook Trails Council

**Organization’s Mission Statement**

Fallbrook Trails Council's Mission is:

- To assist in the preservation and maintenance of existing public trails and paths that provide access to open space and other paths, trails, and parks within the Fallbrook area.
- To assist with design and development of new trails and paths that provides non-motorized public pedestrian, equestrian and bicycle access.
- To assist in the development and formation of maintenance systems for public use trails within the Fallbrook area.

**Organization’s Vision Statement**

Fallbrook Trails Council will promote and protect existing trails, expand new trails and maintain trails for public non-motorized use.

**Organization History & Accomplishments**

We provide hikers, horseback riders and bicyclists with a top-notch trail and pathway system – 1,384 acres of riparian area along the Santa Margarita river. We also promote awareness, education and conservation of local plants and wildlife – many of which are endangered.

We work together with Cal Fire & The Wildland's Conservancy to clean and repair our trails. The Wildland's Rangers and Fallbrook Trails Council members help maintain the trails, keep the area safe and provide educational programs for the visitors.

The Fallbrook Trails Council along with The Wildlands Conservancy have reduced littering and vandalism. We have turned this trail system into a safe and beautiful experience for all.

**Program Name/Title**

Santa Margarita River Trail System

**Brief Program Description**

We would like to provide safe access for the thousands of Fallbrook area visitors who use the Santa Margarita River trail system. Due to the recent storms, flooding, trees down and erosion our trails need cleanup and stabilization.

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

New Initiative/Service

**Funding Amount Being Requested**

25000

## Program Information - Type

Time Bound

## Time Bound Program Dates

2024-04-01  
2024-10-01

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

25000

## Target Population - Age

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

## Target Population not collected - Age

We have installed trail counters and record about 80,000 people visiting the trails per year. The percentages of age groups are from data collected by the Rangers and Mounted Patrols as they survey trail visitors.

## Target Population - Gender

	Percent of program participants
Female	45
Male	40
Non-binary	5
Unknown*	

## \*Target Population - Gender

N/A

## Target Population - 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	

	Percent of program participants
We do not collect this data (indicate with 100%)*	100

**\*Target Population - Income Level**

We do not ask the trail users for their financial data.

**What language(s) can this program accommodate:**

- English
- Spanish

**What demographic group does this program predominately serve:**

Community - Health & Fitness

## Social Determinants of Health (SDOH)

The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long term health and well being of our community. The following questions address how your program and/or services address these concerns.

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

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

### Social Determinants of Health - Social and Community Context

One of the most important elements for Health and Mental Wellness is "Vitamin N"! "Vitamin N" is Nature! Getting people out into nature improves overall health from exercise and fresh air. It also has a positive affect on mood and mental wellbeing. Nature is restorative to the body. Trail activities such as hiking, biking and/or horseback riding provide social outlets and a chance for people to enjoy the beauty of nature together.

Our 18 miles of trails along the 1,384 acres of the Santa Margarita river valley are open to the public for free, seven days per week 8 AM to 4:30 PM. We try to provide safe and enjoyable trail access to all.

### Statement of Need/Problem

Fallbrook Trails Council holds the recorded public use easement for 18 miles of trails along the Santa Margarita river. We are **responsible** for the maintenance and upkeep of the trails. According to our trail counters we get 80,000-85,000 visitors per year. Most are Fallbrook, Bonsall, DeLuz and Rainbow residents. We have expanded and improved the trails over the years and they are very well known. We understand that people use the trails for health, exercise, wellness, peace & **rejuvenation**.

The majority of our trail users are hikers of all ages. The next largest groups are equestrians and bike riders, most of these are adults and seniors. We would like to continue to provide safe and walkable trails for our visitors.

After the recent winter storms we have flood damage, rutted walkways, trees down and closure of many river crossings. We will need trail repair crews, weed abatement, fencing, tree service and erosion control to make all our trails walkable again. These repairs are consistent with our Mission Statement of providing the maintenance of our public trails that provide access to open spaces.

### **How are other organizations addressing this need in the community?**

There are several local trail areas in Fallbrook. None of these trail systems are along the river. None of these trail systems are as natural and beautiful.

### **Program/Services Description - Program Entry & Follow Up**

Our trails are open for FREE to the public seven days per week from 8:00 to 4:30. There are no signups or entry fees. We are listed online, social media and with signs throughout Fallbrook street.

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

Open spaces, outdoors and nature are beneficial to good health! Once our trails are repaired our community members can enjoy the 18 miles of hiking, biking or horseback riding. The Santa Margarita River trails are a precious resource for our community.

### **Program Goal**

Our goal is to repair the use and walkability of the 18 miles of trails by October 2024. This will include weed abatement, fencing, tree service, erosion control and excavation of several areas along the trails.

### **Program Objectives & Measurable Outcomes**

Fallbrook Trails Council will hire trail repair crews to complete tree service, excavation, weed abatement, fencing and erosion control. Every repair will be evaluated as the trail use and walkability is restored.

### **Organization Collaborations**

Fallbrook Trails Council will collaborate with the Wildland's Conservancy as we move forward with the trail repairs.

## **Anticipated Acknowledgment**

Please describe how the Fallbrook Regional Health District's investment in this program will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program.

### **Anticipated Acknowledgment**

Social Media Postings

Website Display

### **Anticipated Acknowledgment**

Fallbrook Trails Council has a website where we will place the Health District logo next to photos of the repairs! We also have a Facebook account where we will tell the story of our trail repairs.

## **Financial Reporting & Budget**

### **Funding History**

NO

### **Terms and Conditions**

Accepted

**Authorized Signature**

A handwritten signature in black ink, appearing to read "E. Abish". The signature is written in a cursive style with a large initial "E" and a distinct "Abish" following.

<b>FTC Board of Director</b>		
<i>Name:</i>	<i>Position:</i>	<i>email:</i>
Lita Tabish	President	ltabish2@gmail.com
Alan Gebhart	Vice President	al_gebhart@pacbell.net
Stephani Baxter	Secretary	stephabaxter@gmail.com
Blayne Chenoweth	Treasurer	bchenoweth@actbizgroup.com
Craig Crandall	Board Position 1	crcrand@gmail.com
Chris Shaw	Board Position 2	cee.bee.ess@gmail.com
Dave Baxter	Board Position 3	davebaxtergm@gmail.com
Peter Allen	Board Position 4	peterfa@att.net
Beth Cobb	Board Position 5	bethcobb1975@gmail.com

# Short Form Return of Organization Exempt From Income Tax

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

# 2022

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

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FALLBROOK TRAILS COUNCIL</b>		<b>D</b> Employer identification number <b>83-0667894</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 316</b>	Room/suite	<b>E</b> Telephone number <b>(760) 723-8908</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Fallbrook, CA 92028</b>		<b>F</b> Group Exemption Number
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		

**I Website:** \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**J Tax-exempt status** (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ **66,225.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>66,225.</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O). . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>66,225.</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O). . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping. . . . .	<b>15</b>	<b>2,319.</b>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>5,552.</b>
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>7,871.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9). . . . .	<b>18</b>	<b>58,354.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). . . . .	<b>19</b>	<b>55,563.</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>2,262.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>116,179.</b>

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	55,563.22	116,179.
<b>23</b> Land and buildings	0.23	0.
<b>24</b> Other assets (describe in Schedule O)	0.24	0.
<b>25 Total assets</b>	55,563.25	116,179.
<b>26 Total liabilities</b> (describe in Schedule O)	0.26	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	55,563.27	116,179.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **TO MAINTAIN OPEN SPACE FOR USE BY THE PUBLIC**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28 MAINTENANCE OF THE TRAIL SYSTEM IN THE SANTA MARGARITA VALLEY FOR EQUESTRIANS, BICYCLISTS, HIKERS, FAMILIES</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>2,796.</b>
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31 Other program services</b> (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>2,796.</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<b>DONNA GEBHART</b>				
<b>VICE PRESIDENT</b>				
<b>STEPHANIE BAXTER</b>				
<b>SECRETARY</b>				
<b>LITA TABISH</b>				
<b>PRESIDENT</b>				
<b>BLAYNE B CHENOWETH</b>				
<b>TREASURER</b>				



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<b>X</b>
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		<b>X</b>
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<b>X</b>
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. . . . .		<b>X</b>
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .	<b>37a</b>	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	<b>X</b>
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____ ; section 4912: _____ ; section 4955: _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .	<b>40b</b>	<b>X</b>
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .	<b>40e</b>	<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed: <b>CA</b>		
<b>42a</b>	The organization's books are in care of: <b>BLAYNE B. CHENOWETH</b> Telephone no. <b>(760) 723-8908</b> Located at: <b>301 N VINE STREET FALLBROOK, CA</b> ZIP + 4 <b>92028</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<b>X</b>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country: _____	<b>42c</b>	<b>X</b>
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	<b>43</b>	<input type="checkbox"/>
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. . . . .	<b>44a</b>	<b>X</b>
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	<b>X</b>
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<b>X</b>
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	<b>X</b>
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<b>X</b>
<b>b</b>	Did 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	<b>45b</b>	<b>X</b>

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
<b>46</b>		<b>X</b>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** 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 . . . . . 

	Yes	No
<b>47</b>		<b>X</b>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

<b>48</b>		<b>X</b>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

<b>49a</b>		<b>X</b>
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**b** If "Yes," was the related organization a section 527 organization? . . . . . 

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . .  **Yes**  **No**

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

**Sign Here**

Signature of officer <b>BLAYNE B. CHENOWETH, TREASURER</b>	Date
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name <b>Blayne B Chenoweth</b>	Preparer's signature <b>Blayne B Chenoweth</b>	Date <b>10/05/2023</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00980968</b>
Firm's name <b>A.C.T. BUSINESS GROUP, INC.</b>			Firm's EIN <b>27-2463473</b>	
Firm's address <b>301 N VINE ST FALLBROOK, CA 92028-2156</b>			Phone no. <b>(760)723-8908</b>	

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**FALLBROOK TRAILS COUNCIL**

Employer identification number

**83-0667894**

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			14,991.	29,099.		
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				29,099.	66,225.	95,324.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5				29,099.	66,225.	95,324.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						95,324.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6				29,099.	66,225.	95,324.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				29,099.	66,225.	95,324.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	100.00%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	16	100.00%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

- 19a 33 1/3 % support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33 1/3 % support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or memberships 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*).

**See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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



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

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

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

**Part VI**

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

Multiple horizontal lines for supplemental information.

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

There are five tabs to this file:

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

### 1 Instructions:

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

### 2 Program Budget Form:

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

#### A INDIRECT EXPENSES:

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

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

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

#### C DIRECT PROGRAM EXPENSES:

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

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

### **3 Funding History**

- 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.

### **4 Budget Narrative**

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

### **5 Budget Reporting Form**

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

**FRHD CHC GRANT BUDGET FORM**

Agency Name:	<b>Fallbrook Trails Council</b>	PROGRAM NAME:	<b>Santa Margarita River Trails</b>
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Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	Administrative Support	-			
	A2	General Insurance (not program specific)	-			
	A3	Accounting & audit expenses	-			
	A4	Consultant/Contractor Fees	-			
	A5	Physical Assets (Rent, Facility Costs)	-			
	A6	Utilities	-			
	A7	IT & Internet	-			
	A8	Marketing & Communications	-			
	A9	Office Supplies	-			
	A10	Training & Education	-			
	A11	Other: specify				
		<b>TOTAL INDIRECT EXPENSE</b>	-	-	-	-
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1	Salary (list position)	-			
	B2	Salary (list position)	-			
	B3	Salary (list position)	-			
	B4	Salary (list position)	-			
	B5	Payroll Expenses (WC, taxes)	-			
	B6	Benefits	-			
	B7	Other: specify	-			
		<b>TOTAL PERSONNEL EXPENSE</b>	-	-	-	-
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1	Fencing	8,000.00			8,000.00
	C2	Program/Project Supplies	-			
	C3	Printing/Duplicating				
	C4	Travel/Mileage	-			
	C5	Program Specific Insurance				
	C6	Erosion Control, weed abatement	12,000.00			12,000.00
	C7	Excavation trail resurfacing	5,000.00			5,000.00
	C8					
	C9					
	C10					
	C11					
	C12					
	C13					
	C14					
	C15					
		<b>TOTAL OTHER EXPENSES</b>	<b>25,000.00</b>	-	-	<b>25,000.00</b>

	W	X	Y	Z
<b>D TOTAL ALL EXPENSES</b>	PROGRAM COST	% REQUESTED FROM FRHD		
	\$ 25,000.00	100%		

**2) FUNDING SOURCES**

E FUNDS FOR PROGRAM			
E1	APPLYING ORGANIZATION	X	-
E2	OTHER FUNDERS	Y	-
E3	REQUESTED FROM FRHD	Z	25,000.00
<b>TOTAL FUNDING SOURCES</b>			<b>\$ 25,000.00</b>

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

**3) % OF AGENCY BUDGET**

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 25,000.00	#DIV/0!
	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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

**Agency Name:** Fallbrook Trails Council

**Program Name:** Santa Margarita River Trails

**INSTRUCTIONS:**

List other 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. Please include all major sources of funding - this includes agencies fundraisers, annual community support and grantmakers.

Funder Name	Date Submitted	Amount Requested	Status
None			

**Agency Name:** **Fallbrook Trails Council**

**Program Name:** **Santa Margarita River Trails**

**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. PERSONNEL EXPENSES -PROGRAM SPECIFIC**

#	Name	Narrative:

**C. DIRECT PROGRAM EXPENSES**

#	Name	Narrative:
C1	Fencing	Place fencing to prevent vandalism and unauthorized entry
C6	Erosion/Weed	repair trails to safe & walkable
C7	Excavation	Repair trail ruts, gorges and mudslides

**FRHD CHC GRANT BUDGET REPORTING FORM**

 Agency Name: **Fallbrook Trails Council** PROGRAM NAME: **Santa Margarita River Trails**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	<b>A</b>	<b>INDIRECT EXPENSES:</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$0.00	\$0.00				
	<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$0.00	\$0.00				
	<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$25,000.00	\$25,000.00				
	<b>D</b>	<b>TOTALS</b>	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$25,000.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**



FALLBROOK TRAILS COUNCIL

Balance Sheet

As of July 31, 2023

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	<u>Jul 31, 23</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
WELLS FARGO	18,580.25
Total Checking/Savings	18,580.25
Total Current Assets	18,580.25
Fixed Assets	
Fences and Improvements	13,250.00
Furniture and Equipment	12,669.26
Total Fixed Assets	25,919.26
Other Assets	
MARKETABLE SECURITIES	25,177.30
Total Other Assets	25,177.30
<b>TOTAL ASSETS</b>	<b>69,676.81</b>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	
Opening Balance Equity	59,968.58
Unrestricted Net Assets	56,213.83
Net Income	-46,505.60
Total Equity	69,676.81
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>69,676.81</b>

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## FALLBROOK TRAILS COUNCIL

## Profit &amp; Loss

January through July 2023

10/05/23

Accrual Basis

	<u>Jan - Jul 23</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Direct Public Support	
Individ, Business Contributions	496.66
<b>Total Direct Public Support</b>	<u>496.66</u>
<b>Total Income</b>	496.66
<b>Expense</b>	
Facilities and Equipment	
Equip Rental and Maintenance	2,629.10
<b>Total Facilities and Equipment</b>	<u>2,629.10</u>
Labor Expense	21,530.20
Operations	
Postage, Mailing Service	18.60
Printing and Copying	82.91
Supplies	6,670.11
<b>Total Operations</b>	<u>6,771.62</u>
Other Types of Expenses	
Insurance - Liability, D and O	2,261.00
<b>Total Other Types of Expenses</b>	<u>2,261.00</u>
Professional Fees	525.00
<b>Total Expense</b>	<u>33,716.92</u>
<b>Net Ordinary Income</b>	-33,220.26
<b>Other Income/Expense</b>	
Other Income	
Gain/Loss on Marketable Securit	319.36
<b>Total Other Income</b>	<u>319.36</u>
Other Expense	
Ask My Accountant	13,604.70
<b>Total Other Expense</b>	<u>13,604.70</u>
<b>Net Other Income</b>	<u>-13,285.34</u>
<b>Net Income</b>	<u><u>-46,505.60</u></u>

FALLBROOK TRAILS COUNCIL

Balance Sheet

As of August 31, 2023

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	<u>Aug 31, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
WELLS FARGO	43,878.86
<b>Total Checking/Savings</b>	<u>43,878.86</u>
<b>Total Current Assets</b>	43,878.86
<b>Fixed Assets</b>	
Fences and Improvements	13,250.00
Furniture and Equipment	12,669.26
<b>Total Fixed Assets</b>	<u>25,919.26</u>
<b>Other Assets</b>	
MARKETABLE SECURITIES	-193.31
<b>Total Other Assets</b>	<u>-193.31</u>
<b>TOTAL ASSETS</b>	<u><u>69,604.81</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Opening Balance Equity	59,968.58
Unrestricted Net Assets	56,213.83
Net Income	-46,577.60
<b>Total Equity</b>	<u>69,604.81</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>69,604.81</u></u>

## FALLBROOK TRAILS COUNCIL

## Profit &amp; Loss

January through August 2023

	Jan - Aug 23
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Direct Public Support</b>	
Individ, Business Contributions	496.66
<b>Total Direct Public Support</b>	496.66
<b>Total Income</b>	496.66
<b>Expense</b>	
<b>Facilities and Equipment</b>	
Equip Rental and Maintenance	2,629.10
<b>Total Facilities and Equipment</b>	2,629.10
<b>Labor Expense</b>	21,530.20
<b>Operations</b>	
Postage, Mailing Service	18.60
Printing and Copying	82.91
Supplies	6,670.11
<b>Total Operations</b>	6,771.62
<b>Other Types of Expenses</b>	
Insurance - Liability, D and O	2,261.00
Other Costs	72.00
<b>Total Other Types of Expenses</b>	2,333.00
<b>Professional Fees</b>	525.00
<b>Total Expense</b>	33,788.92
<b>Net Ordinary Income</b>	-33,292.26
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Gain/Loss on Marketable Securit	319.36
<b>Total Other Income</b>	319.36
<b>Other Expense</b>	
Ask My Accountant	13,604.70
<b>Total Other Expense</b>	13,604.70
<b>Net Other Income</b>	-13,285.34
<b>Net Income</b>	-46,577.60

FALLBROOK TRAILS COUNCIL  
**Balance Sheet**  
As of September 30, 2023

	<u>Sep 30, 23</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
WELLS FARGO	51,916.76
<b>Total Checking/Savings</b>	<u>51,916.76</u>
<b>Total Current Assets</b>	51,916.76
<b>Fixed Assets</b>	
Fences and Improvements	13,250.00
Furniture and Equipment	12,669.26
<b>Total Fixed Assets</b>	<u>25,919.26</u>
<b>Other Assets</b>	
MARKETABLE SECURITIES	-8,231.21
<b>Total Other Assets</b>	<u>-8,231.21</u>
<b>TOTAL ASSETS</b>	<u><u>69,604.81</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Opening Balance Equity	59,968.58
Unrestricted Net Assets	56,213.83
Net Income	-46,577.60
<b>Total Equity</b>	<u>69,604.81</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>69,604.81</u></u>

FALLBROOK TRAILS COUNCIL  
**Profit & Loss**  
January through September 2023

	<u>Jan - Sep 23</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Direct Public Support	
Individ, Business Contributions	496.66
Total Direct Public Support	<u>496.66</u>
Total Income	496.66
<b>Expense</b>	
Facilities and Equipment	
Equip Rental and Maintenance	2,629.10
Total Facilities and Equipment	2,629.10
Labor Expense	21,530.20
Operations	
Postage, Mailing Service	18.60
Printing and Copying	82.91
Supplies	6,670.11
Total Operations	6,771.62
Other Types of Expenses	
Insurance - Liability, D and O	2,261.00
Other Costs	72.00
Total Other Types of Expenses	2,333.00
Professional Fees	525.00
Total Expense	<u>33,788.92</u>
Net Ordinary Income	-33,292.26
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Gain/Loss on Marketable Securit	319.36
Total Other Income	319.36
<b>Other Expense</b>	
Ask My Accountant	13,604.70
Total Other Expense	<u>13,604.70</u>
Net Other Income	-13,285.34
<b>Net Income</b>	<u><u>-46,577.60</u></u>

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

There are five tabs to this file:

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

### 1 Instructions:

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

### 2 Program Budget Form:

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

#### A INDIRECT EXPENSES:

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

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

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

#### C DIRECT PROGRAM EXPENSES:

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

## FRHD CHC GRANT BUDGET INSTRUCTIONS

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

### **3 Funding History**

- 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.

### **4 Budget Narrative**

- There are headers that align with the Budget Form. These items should be explained (narrative) if
- > they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

### **5 Budget Reporting Form**

- This form will be used for those grantees who are awarded contracts. This form must be submitted
- > with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.



**FRHD CHC GRANT BUDGET FORM**

Agency Name:	<b>Fallbrook Trails Council</b>	PROGRAM NAME:	<b>Santa Margarita River Trails</b>
--------------	---------------------------------	---------------	-------------------------------------

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

1)	A	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1	Administrative Support	-			
	A2	General Insurance (not program specific)	-			
	A3	Accounting & audit expenses	-			
	A4	Consultant/Contractor Fees	-			
	A5	Physical Assets (Rent, Facility Costs)	-			
	A6	Utilities	-			
	A7	IT & Internet	-			
	A8	Marketing & Communications	-			
	A9	Office Supplies	-			
	A10	Training & Education	-			
	A11	Other: specify				
		<b>TOTAL INDIRECT EXPENSE</b>	-	-	-	-
	B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1	Salary (list position)	-			
	B2	Salary (list position)	-			
	B3	Salary (list position)	-			
	B4	Salary (list position)	-			
	B5	Payroll Expenses (WC, taxes)	-			
	B6	Benefits	-			
	B7	Other: specify	-			
		<b>TOTAL PERSONNEL EXPENSE</b>	-	-	-	-
	C	DIRECT PROGRAM EXPENSES	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1	Fencing	8,000.00			8,000.00
	C2	Program/Project Supplies	-			
	C3	Printing/Duplicating				
	C4	Travel/Mileage	-			
	C5	Program Specific Insurance				
	C6	Erosion Control, weed abatement	12,000.00			12,000.00
	C7	Excavation trail resurfacing	5,000.00			5,000.00
	C8					
	C9					
	C10					
	C11					
	C12					
	C13					
	C14					
	C15					
		<b>TOTAL OTHER EXPENSES</b>	<b>25,000.00</b>	-	-	<b>25,000.00</b>

	W	X	Y	Z
<b>D TOTAL ALL EXPENSES</b>	PROGRAM COST	% REQUESTED FROM FRHD		
	\$ 25,000.00	100%		

**2) FUNDING SOURCES**

E FUNDS FOR PROGRAM			
E1	APPLYING ORGANIZATION	X	-
E2	OTHER FUNDERS	Y	-
E3	REQUESTED FROM FRHD	Z	25,000.00
<b>TOTAL FUNDING SOURCES</b>			<b>\$ 25,000.00</b>

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

**3) % OF AGENCY BUDGET**

F	CALCULATE % of Total Agency budget that this Program represents.	\$ 25,000.00	#DIV/0!
	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

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

Agency Name: **Fallbrook Trails Council**

Program Name: **Santa Margarita River Trails**

**INSTRUCTIONS:**

List other 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. Please include all major sources of funding - this includes agencies fundraisers, annual community support and grantmakers.

Funder Name	Date Submitted	Amount Requested	Status
None			

**Agency Name:** Fallbrook Trails Council

**Program Name:** Santa Margarita River Trails

**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:

#	Name	Narrative:

**B. PERSONNEL EXPENSES -PROGRAM SPECIFIC**

# Name Narrative:

#	Name	Narrative:

**C. DIRECT PROGRAM EXPENSES**

# Name Narrative:

#	Name	Narrative:
C1	Fencing	Place fencing to prevent vandalism and unauthorized entry
C6	Erosion/Weed	repair trails to safe & walkable
C7	Excavation	Repair trail ruts, gorges and mudslides

**FRHD CHC GRANT BUDGET REPORTING FORM**

 Agency Name: **Fallbrook Trails Council** PROGRAM NAME: **Santa Margarita River Trails**

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1)	<b>A</b>	<b>INDIRECT EXPENSES:</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL INDIRECT EXPENSE	\$0.00	\$0.00				
	<b>B</b>	<b>PERSONNEL EXPENSES - PROGRAM SPECIFIC</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL PERSONNEL EXPENSE	\$0.00	\$0.00				
	<b>C</b>	<b>DIRECT PROGRAM EXPENSES</b>	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
		TOTAL OTHER EXPENSES	\$25,000.00	\$25,000.00				
	<b>D</b>	<b>TOTALS</b>	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
			\$25,000.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00

 Total funds expended to date: **\$0.00**