

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**21**

**HIS LITTLE FEET INC.**

CITY OF TEMECULA

FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 10,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: New Athletic shoes for youth Start Date: 11/22 End Date: 12/31/23

Physical Address of Project/Program: 44014 Rosee Ct. Temecula, CA 92592
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: His Little Feet, Inc.
Mailing Address: 3445 N. Studebaker Rd.
Long Beach, CA 90808

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: His Little Feet Year Founded: 2014

Website: www.hislittlefeet.org Social Media: insta: hislittlefeetnonprofit

Number of Paid Staff: 5 Number of Volunteers: 35

Geographic Area(s) the Organization Serves: Riverside, Orange, & LA Counties

Geographic Area(s) the Project/Program Serves: Temecula, Riverside County

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Hali Wolf Title/Position: Exec. Director

Contact Person's Direct Telephone: 562-397-0370 Contact Person's Email: hislittlefeet@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes [X] Date of Incorporation as a Nonprofit: 2014
No [ ] IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 47-3169966 State Identification Number: \_\_\_\_\_

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- 1. [ ] Attach IRS Deductibility Status using this link: http://apps.irs.gov/app/eos/
2. [ ] Attach State Entity Status Letter using this link: https://www.ftb.ca.gov/online/self\_serve\_entity\_status\_letter/index.asp
3. [ ] Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

## APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

## MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

His Little Feet empowers youth ages 1.5 - 18 years experiencing neglect and extreme poverty by opening the door to physical health, confidence, athleticism, and healthy peer relationships. We serve underprivileged youth, mostly in the foster care system and child services, in Riverside, Orange, and LA Counties. We collect, purchase, and distribute new shoes, socks, and supplies to shelters, programs, and schools, with the goal to serve even more children in need and give away 1,500 pairs of shoes in 2023! This year 100 pairs will be distributed to Temecula youth; upwards of 250 next year!

## FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.



## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

The last three years HLF has focused its scope of work on the Temecula community after being contacted by several agencies in the area needing new shoes, which led to formalized relationships and annual shoe supplies. These include:

- Rose Again Foundation (Temecula) - provides emergency needs for foster youth who have been placed w/ a foster family
- Michelle's Place (Temecula) - full resource center for cancer patients. HLF provides 60 pairs of shoes each year.
- Oak Grove Center (Temecula/Murrieta) - Residential treatment center for at-risk & special need children suffering mental crisis

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The grant award will help offset HLF's costs to purchase new athletic shoes for Temecula youth in need.

- 100 pairs for Rose Again Foundation
- 80 pairs to Michelle's Place
- 100 pairs to Oak Grove Center
- 100+ to Safe Families/children in Crisis
- Over 300 pairs of new, safe shoes for children!

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

HLF's work is focused on the Temecula community, particularly its residents under the age of 18. Through our partnerships, HLF can directly provide an easily overlooked need that offers safety, comfort, school readiness and more!

**3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:**

300

**3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:**

30

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

HLF will provide up to 300 pairs of shoes to children experiencing homelessness, health crisis, and insecurity in the Temecula community in 2023, empowering children battling instability with self-confidence, social acceptance, opportunities for physical play, and proper foot care.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

It is because of the Covid-19 pandemic we were alerted to the needs in Temecula. During this time our partners reached out to us for shoes as other resource streams dried up.

Inflation has caused the price of shoes to dramatically rise, though. Even with HLF's discounts at partner retailers, the cost for each pair is approximately \$50 (compared to \$35).

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM, AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

A grant of \$10,000 will allow HLF to grow its scope of work in Temecula, almost tripling the number of those served. This grant award will support our high cost of new shoes, as well as associated costs like shopping, sorting and distributing shoes to each partner.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 10,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 31,000	
Other grants or funding already awarded for Project/Program, if any	\$ 5,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ N/A	
TOTAL REVENUE	\$ 46,000	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 1,114
Facilities/Rent/Insurance		\$ 1,440
Supplies		\$ 19,792
Marketing		\$ 300
Services		\$ 0
Food		0
Other Fundraising		\$ 2,933
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 21,130
TOTAL EXPENSES		\$ 46,709
TOTAL BUDGET	\$ 46,000	\$ 46,709

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022  
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization: \_\_\_\_\_ Name of Project/Program: \_\_\_\_\_

FY 2021-2022 Amount of CSF Grant Fund Awarded: \$                      Month & Year CSF Grant Received from City: \_\_\_\_\_

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		

**EXPENDITURE TOTAL \$** EXPENDITURE TOTAL MUST BE EQUAL TO  
(OR GREATER) THAN TOTAL AWARD AMOUNT.



**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**

**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			\$	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** His Little Feet

**MAILING ADDRESS:** 3445 Studebaker Rd • **PHONE:** (562) 397-0370  
Long Beach, CA 90808 **EMAIL:** hislittlefeet@gmail.com

**PRESIDENT / AUTHORIZED OFFICER:** HAU WOLF Executive Director  
PRINT NAME TITLE

**SIGNATURE:** Hau Wolf **DATE:** 08/20/22  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** Erin Wilson Executive Assistant  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



State of California  
**Franchise Tax Board**

PO Box 1286  
Rancho Cordova CA 95741-1286

HIS LITTLE FEET, INC.  
PO BOX 11572  
SANTA ANA CA 92711

Date: 02.11.16  
Case: 30820600701287076  
Case Unit: 30820600701287080  
In reply refer to: 760:GRW:F120

Regarding:	<b>Tax-Exempt Status</b>
Organization's Name:	HIS LITTLE FEET, INC.
CCN:	3776899
Purpose:	Charitable
R&TC Section:	23701d
Form of Organization:	Incorporated
Accounting Period Ending:	07/31
Tax-Exempt Status Effective:	04/13/2015

### Exempt Acknowledgement Letter

We have received your federal determination letter that shows tax exemption under Internal Revenue Code (IRC) Section 501(c)(3).

Under California law, Revenue and Taxation Code (R&TC) Section 23701 provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status.

Generally, the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status.

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

In order for us to determine any effect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **DEC 14 2015**

HIS LITTLE FEET INC  
C/O BRIAN MCDONALD  
7755 CENTER AVE STE 1100  
HUNTINGTON BEACH, CA 92647

Employer Identification Number:  
47-3769966

DLN:  
17053308318025

Contact Person:  
MICHELLE A GLUTZ ID# 31213

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:  
Yes

Effective Date of Exemption:  
April 13, 2015

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

## Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	HIS LITTLE FEET INC 3445 STUDEBAKER ROAD LONG BEACH, CA 90808	47-3769966
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		(562) 397-0370
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		202,066.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

<b>I</b> Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶	WWW.HISLITFEET.ORG	
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation:
		<b>M</b> State of legal domicile: CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: TO PROVIDE ASSISTANCE TO CHILDREN IN NEED

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>			<b>7</b>	7
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>			<b>0</b>	0
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>			<b>0</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>			<b>0</b>	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>			<b>142.</b>	142.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>			<b>0.</b>	0.

		Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		146,640.	201,924.
<b>9</b> Program service revenue (Part VIII, line 2g)			142.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		146,640.	202,066.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			83,950.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		24,713.	43,114.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		657.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	4,409.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			31,158.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,370.	158,222.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		121,270.	43,844.
		Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)		96,878.	140,722.
<b>21</b> Total liabilities (Part X, line 26)		0.	0.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		96,878.	140,722.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	HALI WOLF <small>Type or print name and title</small>	President

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Tanya R Lansing, E.A.	Tanya R Lansing, E.A.	5/04/22		P01219573	
	Firm's name ▶	LENNING & CO., INC.			Firm's EIN ▶	20-2141302
	Firm's address ▶	13924 Seal Beach Blvd, Ste C Seal Beach, CA 90740			Phone no.	(562) 594-9729

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

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**22**

**HOSPICE OF THE VALLEYS**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Senior Assistance Program Start Date: 3/20/20 End Date: 6/30/24

Physical Address of Project/Program: Same as below  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Hospice of the Valleys  
Mailing Address: 25240 Hancock Ave. Ste 120  
Murrieta, CA 92562

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant  
Organization: Hospice of the Valleys Year Founded: 1982

Website: https://hospiceofthevalleys.org/ Social Media: https://www.facebook.com/HospiceoftheValleys  
https://www.instagram.com/hospiceofthevalleyssc/

Number of Paid Staff: 58 Number of Volunteers: 40

Geographic Area(s) the Organization Serves: Southwest Riverside County

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.

Contact Name: Melanie House Title/Position: Development Coordinator

Contact Person's Direct Telephone: 951-972-2189 Contact Person's Email: mhouse@hovsc.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: June 29, 1983  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-3846314 State Identification Number: 1131444

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Hospice of the Valleys Mission is: We foster reverence for life, relief of suffering, and compassion in loss for the terminally ill residents and their families in the communities we serve. Our Vision is: To be a recognized leader of excellence in comprehensive end-of-life care.

Hospice of the Valleys began in early 1982 by two sisters in Sun City, California who recognized the need for specialized end-of-life care for people in their community. In order to make this care available, these sisters received hospice training as volunteers and began going door-to-door raising money on their patients' behalf. After years as a volunteer-run organization, Hospice of the Valleys eventually became a full-service, nonprofit 501(c)(3) organization. Today, Hospice of the Valleys employs a team of experienced clinicians and administrative professionals, and continues to have a group of dedicated volunteers who touch the lives of our patients each and every day. After 40 years of caring for hospice patients living in Southwest Riverside County and Fallbrook, Hospice of the Valleys remains committed to the mission of its founders by providing loving hospice care to all who need it, regardless of their ability to pay.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.



**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Senior Assistance Program	\$ 5,000	January 2021	Community Service Funding
Senior Assistance Program	\$ 5,000	January 2022	Community Service Funding
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 5,491	CDBG Temecula	May 2021 (FY 20-21)
\$ 7,226	CDBG Temecula	Funds not yet received (FY 22-23)
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Senior Assistance Program provides compassionate hospice care to terminally ill patients and support to their families. The Program pays for the direct cost of hospice care for senior citizens and the severely disabled. Direct hospice care includes, but is not limited to, personal visits by physicians, nurses, home health aides, social workers, and spiritual care advisors; the provision of durable medical equipment, medical supplies, medication delivery, and bereavement support services. Our services are extended to our patients and their families while the patient is living and up to at least 13 months after death. After the patient passes, caregivers receive bereavement support that includes phone calls and/ or personal visits by a bereavement counselor or chaplain, access to grief support groups, bereavement books and mailings, as well as memorial services of remembrance twice per year. Hospice of the Valleys does not believe in adding to the burden of patients or their families by asking for reimbursements or co-pays that are not covered by insurance. For example, Medicare does not cover a \$5.00 co-pay for each medication that each of our patients are prescribed; however, Hospice of the Valleys takes care of that cost and does not pass the co-pay on to our patients. During times when end of life is imminent, we do not want our patients and their families to incur yet another expense. Our goal is to ensure no one is turned away or provided with limited hospice care simply due to their inability to pay.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

For every patient on our service, Hospice of the Valleys makes numerous visits to the the patient and their family, to wherever they call home. From nurses, to home health aides; doctors, to social workers; and even spiritual care and bereavement staff we see patients many times a week to care for them as they near the end of their lives. These visits are all hours of the day and night, as well as on weekends and holidays. Funds will be used towards patient care and costs not covered by Medicare or other insurances. This includes, but is not limited to, provisions such as medication delivery services, incontinence supplies, overbed tables, medication co-pays, and mobile shower equipment, just to name a few. We estimate that we will serve approximately 240 patients in Temecula from March 20, 2020 through June 30, 2024 (already served 125 from 3/20/20 to 8/15/22) for a total of \$20,285.54 spent from 3/20/20 to 8/15/22 and we can project that we will double that by June 30, 2024 (\$40,571.08). These items keep our patients comfortable; alleviate the burden to their caregivers; and help with added expenses that families shouldn't have to amass at the end of their loved one's lives. Additionally, our Hospice Hearts have become an invaluable gift we offer to our patients' families and caregivers. When separated, the tiny inner heart can be placed with the loved one who has died as a reminder of their unbroken connection to those who remain behind. Numerous families who have received the hospice hearts have told us how meaningful they are and how they would be treasured. Hospice Hearts are \$6 per and we offer an unlimited amount to families when their loved one has passed.

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

We serve approximately 350 patients a year in Southwest Riverside County, and since year 2000, 15% of our patients reside in Temecula. When looking at our patient count, since March 20, 2020, we have served 120 Temecula patients (residents as of 8/15/22) and can estimate that at least one of these patient's family members or friends also benefited from our services (as many of the provisions we provide ease the burden for the caregiver). We can also estimate that our services in the City of Temecula, will double the 120 patients number through June 30, 2024, for a total of 240 patients that we are including in this grant. The patients we serve are presumed low-moderate income persons based on the fact that they are either severely disabled adults and/ or senior citizens (age 62 and above). Our patients have been diagnosed with a terminal illness and have 6 months or less to live, as certified by a physician. While we expect to serve approximately 240 total patients residing in the City of Temecula (from March 20, 2020 through June 30 2024), the scope of our service extends beyond the patient. Our hospice team also assists each patient's caregiver as they journey through the dying process. Our interdisciplinary team is available to assist caregivers in making difficult end-of-life decisions and help families navigate the many issues surrounding death. Once the patient dies, Hospice of the Valleys provides comprehensive bereavement support and education to families/ caregivers, extending the number of individuals we serve far beyond 240 people.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	240
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	20

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

The Senior Assistance Program provides compassionate hospice care to the terminally ill patients of Temecula and to support to their families. During times when end of life is imminent, we ensure no one is turned away or provided with limited hospice care simply due to their inability to pay.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

The COVID-19 pandemic affected Hospice of the Valleys and in turn, serving the Temecula community, in a number of ways which are listed below:

- The pandemic forced people to remain in their homes and not frequent their doctor's office. As a result the number of patients that were admitted was down considerably; lowering our census and funding.
- Patients also were coming on to service later than usual as a result of not visiting their doctor; again causing a deficit to our per day funding/insurance reimbursements.
- Some patients did not want staff in the home for fear of transmission so giving care brought many new challenges.
- Our doctors were only allowed to do tele-visits as opposed to in person care.
- Volunteers were not allowed to visit patients which put a further strain on caregivers and patients alike.
- Staffing shortages as a result of illness and burnout.
- Increased costs in terms of PPE (Personal Protective Equipment) as staff had to be protected to work at facilities or patient homes.
- Staff who are not vaccinated needed and continue need to be tested each week at a cost to us.
- Significant labor expenses in regards to COVID training, tracking, contact tracing, reporting.
- Certain items, gloves for example, were in short supply and cost more than ever before.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

The U.S. Census Bureau (American Community Survey) estimates Temecula's population to be approximately 110,846 as of 2021, with over 10.5% being 65 years and older. While Hospice of the Valleys provides care to all hospice patients regardless of age, the majority of our patients are senior citizens. Hospice of the Valleys currently cares for approximately 350 patients per year, with 15% of those patients residing in Temecula. As this group of 11,639 senior citizens in the City continues to age, there will likely be a greater need for hospice services in the grant service area. In order to meet this anticipated demand, Hospice of the Valleys will continue to raise funds through grants, donations, fundraisers, community support, and our planned giving program. The work we do with our Senior Assistance Program has been existing since our founding 40 years ago and will be indefinitely ongoing

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 3,326,212	
Other grants or funding already awarded for Project/Program, if any	\$ 12,717	
In-Kind match amount or volunteer credit hours estimated amount	\$ 49,837	
<b>TOTAL REVENUE</b>	<b>\$ 3,438,766</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 626,298
Facilities/Rent/Insurance		\$ 151,571
Supplies :Overbed tables, full-electric beds, incontinence supplies, and medication co-pays 3/20/20-6/30/24		\$ 40,571.08
Marketing		\$ 33,493
Services		\$156,828
Mileage exp for patient visits		\$53,146
Other Hospice Hearts: 240 patients x 10 hearts/family x \$6.00 each		\$ 14,400.00
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 2,681,346
<b>TOTAL EXPENSES</b>		<b>\$ 3,757,653.08</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$ (318,887.08)</b>

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Hospice of the Valleys

**MAILING ADDRESS:** 25240 Hancock Ave. Ste. 120      **PHONE:** (951) 200-7800

Murrieta, CA 92562      **EMAIL:** pmathias@hovsc.org

**PRESIDENT / AUTHORIZED OFFICER:** Paul Mathias      CFO  
PRINT NAME      TITLE

**SIGNATURE:** *Paul Mathias*      **DATE:** September 9, 2022  
MONTH, DAY YEAR

**IF DIFFERENT THAN ABOVE,**  
**APPLICATION PREPARED BY:** Melanie House      Development Coordinator  
PRINT NAME      TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

**Questions:**      Stacey.Brown@TemeculaCA.gov (951) 694-6413  
                         Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 7/14/2022

ESL ID: 8598323706

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1131444

Entity Name: HOSPICE OF THE VALLEYS SC

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4263A WEB (REV 12-2019)

[HELP ⓘ](#)[MENU ☰](#)

[Home](#) > [Tax Exempt Organization Search](#) > Hospice Of The Valleys Sc

[< Back to Search Results](#)

# Hospice Of The Valleys Sc

EIN: 95-3846314 | Murrieta, CA, United States

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> [Other Names](#)

## Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

## Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> [Tax Year 2019 Form 990](#)

> [Tax Year 2018 Form 990](#)

> [Tax Year 2017 Form 990](#)

> [Tax Year 2016 Form 990](#)

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> **Tax Year 2015 Form 990**

*Page Last Reviewed or Updated: 20-November-2020*





**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** , 2020, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** HOSPICE OF THE VALLEYS SC, INC.  
25240 HANCOCK AVE, STE 120  
MURRIETA, CA 92562

**D** Employer identification number  
95-3846314

**E** Telephone number  
951-200-7800

**G** Gross receipts \$ 6,297,743.

**F** Name and address of principal officer: LYNETTE CVAR  
Same As C Above

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included? If "No," attach a list. See instructions Yes  No

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.HOSPICEOFTHEVALLEYS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1983 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: We foster reverence for life, relief of suffering, and compassion in loss for the terminally ill residents and their families in the communities we serve.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	64
	<b>6</b> Total number of volunteers (estimate if necessary)	6	52
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	66,351.	531,200.
	<b>9</b> Program service revenue (Part VIII, line 2g)	5,861,297.	5,704,345.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,323.	16,311.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,795.	42,952.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,049,766.	6,294,808.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,857,048.	4,306,846.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,477.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,783,463.	1,875,617.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,640,511.	6,182,463.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	409,255.	112,345.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 2,820,982.	End of Year 2,899,185.
	<b>21</b> Total liabilities (Part X, line 26)	363,380.	320,322.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,457,602.	2,578,863.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: LYNETTE CVAR  
Date: CAO/CFO

**Paid Preparer Use Only**

Print/Type preparer's name: Paul J Kaymark, CPA  
Preparer's signature: Paul J Kaymark, CPA  
Date:   
Check  if self-employed PTIN: P01873961

Firm's name: NIGRO & NIGRO PC  
Firm's address: 25220 Hancock Ave Ste 400 MURRIETA, CA 92562  
Firm's EIN: 30-0636241  
Phone no.: (951) 698-8783

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

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**23**

**INLAND VALLEY SYMPHONY**

**AKA TEMECULA VALLEY  
SYMPNONY**

**CITY OF TEMECULA**  
**FISCAL YEAR 2022 - 2023**  
**COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA**  
**PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: "SEASON OF HOPE" Start Date: 7-1-22 End Date: 6-30-23

Physical Address of Project/Program: Temecula Valley H.S. 31555 Rancho Vista Rd. Temecula  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS Ca 92592

If Grant is Awarded, Make Check Payable to: INLAND VALLEY SYMPHONY, INC.

Mailing Address: PO Box 637  
Temecula, CA 92593

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant: Inland Valley  
~~Temecula Valley~~

Organization: Symphony Year Founded: 1999

Website: www.TEMECULAVALLEYSYMPHONY.ORG Social Media: www.FACEBOOK.COM/TEMECULA  
VALLEY SYMPHONY

Number of Paid Staff: 2 Number of Volunteers: 50

Geographic Area(s) the Organization Serves: TEMECULA VALLEY

Geographic Area(s) the Project/Program Serves: TEMECULA VALLEY

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: ALANA JOOS Title/Position: EXECUTIVE DIRECTOR

Contact Person's Direct Telephone: 818-231-0931 Contact Person's Email: ALANAJOOS  
@GMAIL.COM

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 7-26-99  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 330862000 State Identification Number: 2045812

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

#### MISSION STATEMENT

Temecula Valley Symphony aspires to provide quality, innovative, and compelling music programming and serves as a leader of the arts in our community, through an organization that provides the support necessary for these efforts, in an atmosphere that is fun, positive, and supportive.

#### MISSION STATEMENT

The purpose of Temecula Valley Youth Symphony is to enrich the lives of student musicians with outstanding educational and performance opportunities for all levels, in a nurturing and challenging environment without discrimination. Working together with parents, private and school music instructors, TVYS will provide the finest possible training with rehearsal and performance opportunities to enable the students to develop, share and further enrich their lives through the power of music. TVYS believes that music is proven to enhance student performance in all academic areas.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.**

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH - YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
HALLOWEEN CARNIVAL 10-29-21	\$ 3,000	NOV. 2021	COMMUNITY SERVICES CONCERT
A PATRIOTIC SALUTE TO VETERANS 11-11-21	\$ 12,000	DEC. 2021	" "
CARNIVAL OF MUSIC 3-19-22	\$ 16,000	APRIL 2022	" "
A TRIBUTE TO HEROES 5-28-22	\$ 11,000	JUNE 2022	" "
A PATRIOTIC SALUTE TO VETERANS 11-11-22	\$ 15,000	FUTURE	" "
A TRIBUTE TO HEROES 5-27-23	\$ 15,000	FUTURE	" "
	\$		
	\$		

**OTHER OUTSIDE SOURCES—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH - YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

Grant funds will support "SEASON OF HOPE" and allow us to invite <sup>HUNDREDS</sup> 100's of school children and senior citizens to our concerts with FREE ADMISSION. Monies will be used for marketing and outreach materials to spread throughout the community. Payment will be made to various musicians for participating in the program and demonstrating their instruments. Printed materials distributed at concerts will contain educational information about the composer, the style of music, and the instruments featured on the concert.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

**Compensate musicians for performances, website improvements, increase marketing to promote higher visibility and recognition in the community.**

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

Two large concerts will be held at Temecula Valley High School with outreach to local students, music studios, and school band programs. Do outreach through the Temecula Valley Unified school district. Special concert invitations will be distributed at places like the Mary Phillips Senior Center, and various senior housing communities in Temecula, offering FREE Tickets to the concerts. Free tickets will also be distributed to the Boys and Girls Club and other local charities.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1056
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	50

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

SEASON OF HOPE will focus on providing FREE concert tickets to hundreds of local Temecula residents (focusing on the elderly population), and local students and their families. Concerts will include some music selections composed by minority or female composers and will include educational elements in the presentation of materials and/or the music performance itself.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Due to lockdowns, we had to cancel 6 concerts and were unable to schedule further concerts until Covid-19 restrictions were lifted. Consequently we not only lost performance revenues but also most of our sources of donations.

Were it not for a couple of pandemic related relief grants received from the State and Riverside County, we would have been forced to close down our organization completely. Due to lack of funds we were unable to resume full concert scheduling for both the last and the upcoming season.

Inflationary pressures have increased most of our basic general operating expenses as well as the cost of musicians because of higher cost of living, especially gas prices.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

One of our goals for our 2022-2023 Season is to offer FREE CONCERTS to Temecula Valley Unified School District's students and families to educate them about symphonic music which is proven to improve the mental health of students.

We will use grant funds for marketing and outreach throughout the community to also offer free tickets for the elderly and senior citizens in the Temecula Valley.

As part of our educational program we also host a young artist concerto competition and will select winners to perform at our April 22, 2023 concert with the Symphony.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 19,333	
Other grants or funding already awarded for Project/Program, if any	\$ 3,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 38,500	
<b>TOTAL REVENUE</b>	<b>\$ 110,833</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 0
Facilities/Rent/Insurance		\$ 9,275
Supplies		\$ 2,090
Marketing		\$ 16,133
Services		\$ 50,560
Food		1,000
Other		\$ 14,495
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 17,280
<b>TOTAL EXPENSES</b>		<b>\$ 110,833</b>
<b>TOTAL BUDGET</b>		<b>\$ 110,833</b>



**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Inland Valley Symphony, Inc. dba Temecula Valley Symphony

**MAILING ADDRESS:** PO Box 637 **PHONE:** 951-333-4945 (Maria)

Temecula, CA 92593 **EMAIL:** or 818-231-0931 (Alana) alanajoos@gmail.com

**PRESIDENT / AUTHORIZED OFFICER:** MARIA CANTRELL - TREASURER

**SIGNATURE:** *Maria Cantrell* PRINT NAME **DATE:** 09/09/2022 TITLE  
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,

**APPLICATION PREPARED BY:** ALANA JOOS - EXECUTIVE DIRECTOR  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > [Inland Valley Symphony](#)

< [Back to Search Results](#)

# Inland Valley Symphony

EIN: 33-0862000 | Temecula, CA, United States

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## Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

## Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

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Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> [Tax Year 2020 Form 990EZ](#)

> [Tax Year 2019 Form 990](#)

> [Tax Year 2018 Form 990EZ](#)

> [Tax Year 2017 Form 990EZ](#)

> [Tax Year 2016 Form 990EZ](#)



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/9/2022

ESL ID: 5729240826

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2045812

Entity Name: INLAND VALLEY SYMPHONY

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)

Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

FTB 4283A WEB (REV 12-2019)

## Registrant Details

Entity type Corporate Class as registered with the Secretary of State or based on founding & registration documents

**Organization Name:** INLAND VALLEY SYMPHONY **IRS FEIN:** 330862000  
**Entity Type:** Public Benefit **SOS/FTB Corporate/Organization Number:** 2045812

**Registry Status:** Current **Renewal Due/Exp. Date:** 11/15/2022  
**RCT Registration Number:** CT0162898 **Issue Date:** 7/19/2010  
**Record Type:** Charity Registration **Effective Date:** 7/19/2010  
**Date of Last Renewal:** 11/18/2021 **DBA:**

## Mailing Address

**Street:** PO BOX 637  
**Street Line 2:**  
**City, State Zip:** TEMECULA CA 92593

## Filings & Correspondence

<a href="#">Delinquency 1st Notice</a>	Delinquency 1st Notice
<a href="#">Return Check Letter</a>	Return Check Letter
<a href="#">Founding Documents</a>	Founding Documents
<a href="#">RRF-1 2012</a>	2012 RRF-1
<a href="#">IRS Form 990-EZ 2012</a>	2012 IRS Form 990-EZ
<a href="#">RRF-1 2003</a>	2003 RRF-1
<a href="#">RRF-1 2004</a>	2004 RRF-1
<a href="#">RRF-1 2005</a>	2005 RRF-1
<a href="#">RRF-1 2006</a>	2006 RRF-1
<a href="#">RRF-1 2007</a>	2007 RRF-1
<a href="#">RRF-1 2009</a>	2009 RRF-1
<a href="#">RRF-1 2010</a>	2010 RRF-1
<a href="#">IRS Form 990-EZ 2010</a>	2010 IRS Form 990-EZ
<a href="#">RRF-1 2008</a>	2008 RRF-1
<a href="#">RRF-1 2011</a>	2011 RRF-1
<a href="#">IRS Form 990-EZ 2011</a>	2011 IRS Form 990-EZ
<a href="#">IRS Form 990 2009</a>	2009 IRS Form 990
<a href="#">IRS Form 990-EZ 2008</a>	2008 IRS Form 990-EZ
<a href="#">Confirmation of Registration</a>	Confirmation of Registration
<a href="#">First Notice to Register</a>	First Notice to Register
<a href="#">Second Notice to Register</a>	Second Notice to Register
<a href="#">Renewal Filing</a>	2021
<a href="#">Renewal Filing</a>	2018
<a href="#">Renewal Filing</a>	2019

<u>Renewal Filing</u>	2020
<u>RRF-1 2013</u>	2013 RRF-1
<u>IRS Form 990-EZ 2013</u>	2013 IRS Form 990-EZ
<u>2015 RRF-1</u>	2015 RRF-1
<u>2015 IRS Form 990-EZ</u>	2015 IRS Form 990-EZ
<u>2015 IRS Form 990-EZ</u>	2015 IRS Form 990-EZ
<u>2016 RRF-1</u>	2016 RRF-1
<u>Form RRF-1</u>	2017
<u>IRS Form 990 Series</u>	2017

## Annual Renewal Data

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2009
<b>Accounting Period End Date:</b>	6/30/2010
<b>Filing Received Date:</b>	12/1/2010
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2010
<b>Accounting Period End Date:</b>	6/30/2011
<b>Filing Received Date:</b>	11/17/2011
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2011
<b>Accounting Period End Date:</b>	6/30/2012
<b>Filing Received Date:</b>	10/31/2012
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2012
<b>Accounting Period End Date:</b>	6/30/2013
<b>Filing Received Date:</b>	11/18/2013
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2013
<b>Accounting Period End Date:</b>	6/30/2014
<b>Filing Received Date:</b>	2/9/2015
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	7/1/2014
<b>Accounting Period End Date:</b>	6/30/2015
<b>Filing Received Date:</b>	1/5/2016

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2015  
Accounting Period End Date: 6/30/2016  
Filing Received Date: 11/18/2016

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2016  
Accounting Period End Date: 6/30/2017  
Filing Received Date: 11/16/2017

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2017  
Accounting Period End Date: 6/30/2018  
Filing Received Date: 11/20/2018

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2018  
Accounting Period End Date: 6/30/2019  
Filing Received Date: 11/12/2019

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2019  
Accounting Period End Date: 6/30/2020  
Filing Received Date: 5/10/2021

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 7/1/2020  
Accounting Period End Date: 6/30/2021  
Filing Received Date: 10/20/2021

Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

## Related Registrations & Event Reports

\*In order to track down information on the registration form, please  
- create a registration entry in the Registry  
- click on the NCT Registration Webpage to view the registration

Click on the Organization Name for details about the registration or report record. The maximum number of records shown per page is 50. If there are multiple pages of the results, the clickable page numbers will be displayed at the bottom. If you get too many results or do not find the organization for which you are searching, click the 'Search' button and change the search criteria. It is best to search by something that is as unique to the organization as possible such as State Charity Registration Number, FEIN, Corporate Number, or an unusual portion of their name. To see all registration and report records associated with an organization, avoid searching by State Charity Registration Number as that is record-specific.

[Search Again](#)

ORGANIZATION NAME	RECORD TYPE	REGISTRY STATUS	RCT NUMBER	FEIN	CITY
<a href="#">INLAND VALLEY SYMPHONY</a>	Charity Registration	Current	<a href="#">CT0162898</a>	330862000	TEMEC

INLAND VALLEY SYMPHONY

33-0862000

	2020	2019	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	40,196	98,769	-58,573
PROGRAM SERVICE REVENUE.....	12,973	83,744	-70,771
INVESTMENT INCOME.....	1	1	0
TOTAL REVENUE.....	53,170	182,514	-129,344
<b>EXPENSES</b>			
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	36,683	119,218	-82,535
PRINTING, PUBLICATIONS, AND POSTAGE.....	441	250	191
OTHER EXPENSES.....	18,521	48,445	-29,924
TOTAL EXPENSES.....	55,645	167,913	-112,268
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-2,475	14,601	-17,076
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	35,235	20,409	14,826
OTHER CHANGES IN NET ASSETS/FUND BAL.....	1	225	-224
NET ASSETS/FUND BAL. AT END OF YEAR.....	32,761	35,235	-2,474

COPY



CT0162898

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

**INITIAL  
REGISTRATION FORM  
STATE OF CALIFORNIA  
OFFICE OF THE ATTORNEY GENERAL  
REGISTRY OF CHARITABLE TRUSTS**  
(Government Code Sections 12580-12599.7)



**NOTE: A \$25.00 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM. MAKE CHECK PAYABLE TO DEPARTMENT OF JUSTICE.**

Pursuant to Section 12585, registration is required of every trustee subject to the Supervision of Trustees and Fundraisers for Charitable Purposes Act within thirty days after receipt of assets (cash or other forms of property) for the charitable purposes for which organized.

Every charitable (public benefit) corporation, association and trustee holding assets for charitable purposes or doing business in the State of California must register with the Attorney General, except those exempted by California Government Code section 12583. Corporations that are organized primarily as a hospital, a school, or a religious organization are exempted by Section 12583.

Name of Organization: Inland Valley Symphony, Inc.

The name of the organization should be the legal name as stated in the organization's organizing instrument (i.e., articles of incorporation, articles of association, or trust instrument).

Official Mailing Address for Organization:

Address: 4035 Kenosha Ave.

City: San Diego

State: CA

ZIP Code: 92117

Organization's telephone number: (858) 270-4521

Organization's e-mail address: info@inlandvalleysymphony.org

Organization's fax number: N/A

Organization's website: InlandValleySymphony.org

All organizations must apply for a Federal Employer Identification Number from the Internal Revenue Service, including organizations that have a group exemption or file group returns.

Federal Employer Identification Number (FEIN):

33-0862000

Group Exemption FEIN (if applicable):

All California corporations and foreign corporations that have qualified to do business in California will have a corporate number. Unincorporated organizations are assigned an organization number by the Franchise Tax Board upon application for California tax exemption.

Corporate or Organization Number: C2045812

**RECEIVED**  
Attorney General's Office

JUN 01 2010

Registry of  
Charitable Trusts

CT-1 REGISTRATION FORM (6/2007)

#95903

Names and addresses of ALL trustees or directors and officers (attach a list if necessary):			
Name Alana Joos		Position President	
Address 3359 Savannah Way			
City Palm Springs	State CA	ZIP Code 92262	
Name Douglas Bast		Position Vice President	
Address 29670 Cottonwood Cove Dr.			
City Menifee	State CA	ZIP Code 92584	
Name Emily Miller		Position Secretary	
Address 30207 Silver Ridge Ct.			
City Temecula	State CA	ZIP Code 92591	
Name Linda Daugherty		Position Treasurer	
Address 27041 Rock Bluff Ave.			
City Temecula	State CA	ZIP Code 92591	
Name Sharon Rollinson		Position: Coordinator	
Address 4035 Kenosha Ave.			
City San Diego	State CA	ZIP Code 92117	
Describe the primary activity of the organization. (A copy of the material submitted with the application for federal or state tax exemption will normally provide this information.) If the organization is based outside California, comment fully on the extent of activities in California and how the California activities relate to total activities. In addition, list all funds, property, and other assets held or expected to be held in California. Indicate whether you are monitored in your home state, and if so, by whom. Attach additional sheets if necessary.			
The specific purpose of Inland Valley Symphony is to provide orchestral experience for all age groups, to train younger musicians, to create an interest in musical careers by performing in schools and in public concerts and to improve the cultural experiences available to all citizens in the Inland Valley.			
<small>The organization will be required to file financial reports annually. All organizations must file the Annual Registration/Renewal Fee Report (RRF-1) within four months and fifteen days after the end of the organization's accounting period. Organizations with \$25,000 or more in either gross receipts or total assets are also required to file either the IRS Form 990, 990-EZ, or 990-PF. Forms can be found on the Charitable Trusts' website at <a href="http://aq.ca.gov/charities/">http://aq.ca.gov/charities/</a>.</small>			
If assets (funds, property, etc.) have been received, enter the date first received:		<small>Registration with the Attorney General is required within thirty days of receipt of assets.</small>	
Date assets first received: <u>July 1999</u>			
What annual accounting period has the organization adopted?			
<input checked="" type="checkbox"/> Fiscal Year Ending <u>June 30</u>		<input type="checkbox"/> Calendar Year	

Attach your founding documents as follows:

- A) **Corporations** - Furnish a copy of the articles of incorporation and all amendments and current bylaws. If incorporated outside California, enter the date the corporation qualified through the California Secretary of State's Office to conduct activities in California.
- B) **Associations** - Furnish a copy of the instrument creating the organization (bylaws, constitution, and/or articles of association).
- C) **Trusts** - Furnish a copy of the trust instrument or will and decree of final distribution.
- D) **Trustees for charitable purposes** - Furnish a statement describing your operations and charitable purpose.

Has the organization applied for or been granted IRS tax exempt status Yes  No

Date of application for Federal tax exemption: July 26, 1999

Date of exemption letter: July 2000 Exempt under Internal Revenue Code section 501(c) 3

If known, are contributions to the organization tax deductible? Yes  No

Attach a copy of the Application for Recognition of Exemption (IRS Form 1023) and the determination letter issued by the IRS.

Does your organization contract with or otherwise engage the services of any commercial fundraiser for charitable purposes, fundraising counsel, or commercial coventurer? If yes, provide the name(s), address(es), and telephone number(s) of the provider(s):

Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
--	--	--

Name \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	ZIP Code _____
------------	-------------	----------------

Telephone Number \_\_\_\_\_

Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
--	--	--

Name \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	ZIP Code _____
------------	-------------	----------------

Telephone Number \_\_\_\_\_

Commercial Fundraiser <input type="checkbox"/>	Fundraising Counsel <input type="checkbox"/>	Commercial Coventurer <input type="checkbox"/>
--	--	--

Name \_\_\_\_\_

Address \_\_\_\_\_

City _____	State _____	ZIP Code _____
------------	-------------	----------------

Telephone Number \_\_\_\_\_

I declare under penalty of perjury that I have examined this registration form, including accompanying documents, and to the best of my knowledge and belief, the form and each document are true, correct, and complete.

Signature: *Baron Robinson* Title: *Coordinator* Date: *5/28/2010*

If additional information is required, please refer to the Supervision of Trustees and Fundraisers for Charitable Purposes Act (Government Code sections 12580-12599.7), the Administrative Rules and Regulations pursuant to the Act (California Code of Regulations, Title 11, Sections 300.312-1).

If you have questions regarding registration, or need assistance, information is available on our website at <http://aq.ca.gov/charities/>, or you can reach us by telephone at (916) 445-2021 or fax at (916) 444-3651.

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**24**

INTERNATIONAL CHRISTIAN  
ADOPTIONS

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 18,160 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Community Counseling Start Date: 9/12/2022 End Date: 5/30/2023

Physical Address of Project/Program: \_\_\_\_\_

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: ICA

Mailing Address: 41745 Rider Way, Suite 2

Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: International Christian Adoptions (ICA) Year Founded: 1990

Website: 4achild.org Social Media: @4achild on Instagram and Facebook

Number of Paid Staff: 53 Number of Volunteers: 0

Geographic Area(s) the Organization Serves: State of California and North Carolina

Geographic Area(s) the Project/Program Serves: Temecula Valley Residents

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Charlotte Paulsen Title/Position: Executive Director

Contact Person's Direct Telephone: (951) 704-4354 Contact Person's Email: charlottep@4achild.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 1990

No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0412343 State Identification Number: 33-0412343

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link: [https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

RECEIVED

SEP 12 2022

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

\* See Attached Form

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Sunridge Community Church	\$ 4,080	September 2022 - May 2023	Community Counselling Donation
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 455	USCRI	FY Jul 22 - Jun 23
\$ 135,200	URM Reimbursement Contract	FY Jul 22 - Jun 23
\$ 22,182	County Riverside Foster Services	FY Jul 22 - Jun 23
\$ 2,240	PAARP Services	FY Jul 22 - Jun 23
\$ 10,032	Heartland HS - PRS Contract	FY Jul 22 - Jun 23
\$ 3,514	USCCB-US Conf. Catholic Bishops	FY Jul 22 - Jun 23
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

**\* See Attached Form**

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

**ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.**

**\* See Attached Form**

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

**\* See Attached Form**

**3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:**

**50 Children & Families**

**3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:**

**0**



**PROJECT/PROGRAM DESCRIPTION**  
***CONTINUED***

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

**\* See Attached Form**

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

**\* See Attached Form**

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

**\* See Attached Form**

**Mission Statement of Organization:**

International Christian Adoptions (ICA) believes in the sanctity of life in that all children born and unborn are valued and uniquely made. Our overriding mission is to offer children hope in the love and compassion of Jesus Christ; hope for basic needs; hope for an education and bright future; and hope for a home in a family they can call their own. The mission is fulfilled through adoption, foster care, humanitarian aid, counseling and support.

In addition, the following is our Covenant:

- To promote and secure the emotional, spiritual and physical welfare of children who have been victimized, abandoned or persecuted; found in the streets, war zones, government run institutions, refugee camps or family homes.
- To actively engage in providing immigration and refugee resettlement services to those fleeing persecution, war, oppression and poverty.
- To provide an environment of peaceful and humanitarian exchange to foreign students and those who go abroad.
- To offer an environment where hard working artisans can be paid a fair wage and be given the dignity of self-determination through fair trade.
- To provide opportunities for orphans to experience culture and sense of family with camps to America and in their country.
- To widen the horizons of Americans by sending them to foreign countries to experience differing cultures through a myriad of work projects, camps and activities.
- Maintain a Hague compliant licensed child placement agency under a different name in accordance with the laws of the State of California in order to provide temporary foster care and adoptive placement.
- Maintain several programs to enhance ICA's mission which is not limited to but includes immigration and refugee resettlement services; foreign student exchange program; fair trade; cultural camps; mission programs and tours, and other social service programs.

**1. Describe the project/program the Temecula grant funding will support:**

The Child Trauma and Learning Center at ICA provides mental health and counseling services and support to children, youth and families. Our counseling office in Temecula services all surrounding areas including residents of the City of Temecula. We specialize in serving diverse populations: foster and adoption backgrounds, trauma, childhood, adolescent and family issues, anxiety, depression, addiction, trafficking victims, refugee and immigrant youth, under 18 years of age.

Additional services include parent support, case management, educational support/advocacy, etc. It is our desire for children and youth who are struggling with mental and behavioral health concerns, trauma, and grief, can receive the support and services they need in order to attain a well-balanced independent lifestyle, despite any financial hardship.

For this reason, one of the goals of the Child Trauma and Learning Center at ICA is help any member in need of services despite lack of financial means. It is our goal to continue to provide financial assistance through scholarships and financial aid for all support services, including but not limited to: provide trauma-informed, person-centered, comprehensive case management services, facilitating timely access to vital services they need to stabilize and re-establish their ability to live independently. These comprehensive services include, but are not limited to, receiving emergency assistance, housing, safety planning, basic needs, health, legal, education, employment, language support.

Most of our counseling clients/families are referred through Riverside County for Foster Care and two other sources of our programs funded by California Department of Social Services for which our counselors provide services:

- The Unaccompanied Refugee Minor (URM) Foster Care Program, helps children or youth who have been separated from their families due to war, conflict, natural disaster or abuse by caregivers who were meant to protect them. These situations create upheaval in their lives forcing them to flee from countries to the United States. ICA's counseling services help to ensure children are placed into safe and secure homes. ICA social workers conduct home visits and ongoing case management services.
- The central purpose of the Trafficking Victim Assistance Program (TVAP) program is to help foreign national survivors of human trafficking achieve HHS certification and provide trauma-informed, person-centered, comprehensive case management services, facilitating timely access to vital services they need to stabilize and re-establish their ability to live independently. These comprehensive services include, but are not limited to, receiving emergency assistance, housing, safety planning, basic needs, health, legal, education, employment, language, and assistance in accessing HHS Certification

**2. Describe how the organization will spend the grant funding, if awarded:**

**(Also, include a list of goods, equipment, and/or services this organization has purchased or plans to purchase with awarded funds to support the program/project)**

1. A primary goal of the Child Trauma and Learning Center at ICA is to offer counseling services despite a client's inability to pay. It is our goal to continue to provide financial assistance through scholarships and financial aid for all support services. While the Trauma Center program budget carries approximately 4% of the agency's \$4.5M budget, the Trauma Center relies on funding from our other state and grant programs to support its professional services. Currently, the program budget receives \$216,166 in revenues to cover \$240,392 in expenses. Direct Counseling income from clients is projected at \$38,643 yet direct cost of counseling services is \$61,769.

**ICA would like to request a grant to A grant fund from the City of Temecula in the amount of \$18,164 to partner with ICA in providing for 80 sessions (8 client/family units at an average of 10 sessions per client/family unit).**

(See next page for FY22-23 Program Budget detail).

**INTERNATIONAL CHRISTIAN ADOPTIONS**

	<b>FY22-23</b>	
	<b>Budget</b>	<b>Grant Request</b>
4000 · Contribution Revenues	4,080	
4100 · Contracts for Services (4% Existing Contracts)		
Grant Proposal - City of Temecula		18,164
4109 · USCRI	455	
4111 · State of CA - URM Reimbursable Contract	135,200	
4112 · County Riverside Foster Services	22,182	
4113 · PAARP Services	2,240	
4114 · Heartland HS-PRS Contract	10,032	
4115 · USCCB-US Conf.Catholic Bishops	3,514	
Total 4100 · Contracts for Services	<u>173,623</u>	
4200 · Program Service Fees		
4220 · Counseling Income		
4222 · Psychological Evaluation	2,200	
4223 · Counseling Discount	(8,938)	
4220 · Counseling Income - Other	45,381	
Total 4220 · Counseling Income	<u>38,643</u>	
<b>Total Income</b>	<u><b>216,346</b></u>	
<b>Grants Summary of Expenses</b>		
Counseling Services Program		
Tools & Equipment	11,149	
Facilities, Rent & Insurance	12,083	
Supplies	1,282	
Marketing	331	
Services	56,269	(18,164)
Food	1,200	
Other	12,617	
Personnel	100,331	
Total Expenses	<u>195,262</u>	
<b>NET Income/Loss</b>	<u>21,084</u>	<u><b>\$ 18,164</b></u>

**3: Explain how the grant funding specifically benefits Temecula Residents:**

**(Temecula residents must benefit from this program/project if awarded city funding)**

The Child Trauma and Learning Center at ICA offers counseling services to the residents of the City of Temecula despite a resident's inability to pay. Partnership with the City of Temecula would provide a continued and reliable source of financial assistance through scholarships and financial aid. Last year our counselors served 86 clients and 865 sessions. This is an average of 10 sessions per family at a unit cost of \$278, yet ICA charged on average only \$55 per session. Most clients/families cannot afford to pay so we offer financial assistance.

ICA would like to ask the City of Temecula to consider sponsoring eight families at an average of 10 sessions. The program cost is \$18,164.00,

<u>Projection based on FY21-22 Service Records</u>	<u>Unit</u>	<u>Per Unit Cost</u>
Number of Clients/Family	86	\$ 2,270
Number of Sessions	865	\$ 226
Average Number of Sessions per Client/Family	10	2,270.49
Grant Request: (8) Families @ (10) Sessions Aver	8	18,163.91

Due to the nature of the clients we serve, there is a high level of confidentiality so families in Temecula who are currently struggling with the lack of mental and behavioral health services and who are suffering from economic hardship would still be able to receive counseling services. The City of Temecula would play a vital role in sustaining a healthier community by providing social services to families and children through counseling services on how to maintain positive mental health techniques, implement coping skills, reducing the current trauma in society, and joining in the need for healing. Our agency could be an additional resource to the City.

**4: Summary Statement – Summarize answers 1-3 above in 50 words or less**

ICA is not only an adoption agency. Child Trauma and Learning Center provides mental health counseling services support to families in Temecula Valley. We specialize in foster care, adoptions, trauma, childhood, adolescent and family issues, anxiety, depression, addiction, human trafficking victims, refugee and immigrant youth under 18 years of age.

**5. If applying for more than \$5,000, please explain how the COVID-19 Pandemic affected this nonprofit organization's ability to serve the Temecula Community.**

**You may also include inflationary concerns.**

The Child Trauma and Learning Center at ICA offers counseling services to the residents of the City of Temecula despite a resident's inability to pay. During the Covid-19 Pandemic, when business was forced to shut down, families struggled not only economically, but also to keep their children active and engaged. Families in Temecula saw a rise in depression and anxiety while their youth were struggling with mental and behavioral health dysfunctions. Now that our city is moving back to a sense of normal business operations, many families cannot afford counseling services. Many are struggling to find gainful employment. Yet the youth continue to internalize the effects of the shutdown as children and youth were forced into isolation and education was moved to distance learning. Today, there are many who continue to struggle to get back to sense of normalcy.

The Trauma Center saw a decrease of in-house counseling services during the shutdown of March 16, 2020 and thereafter. Not having the ability to see children in-person at the office, which is the most beneficial course of therapy for most children, created a backlog of services.

Our counseling team was able to pivot our company completely on-line for Teletherapy services. However, the retention of clients dropped significantly due to many of our clients who fall under the age of 10, or who suffer from ADD/ADHD had struggles focusing for therapy on a computer screen for any length of time. There were also those clients who did not have the means to a confidential and safe space to conduct therapy, or those children and youth who did not have access to an electronic device and/or internet.

**6. If applying for more than \$5,000, explain how funds have or will:**

- (1) CREATE new Project/Program**
  - (2) EXPAND existing Project/Program AND/OR**
  - (3) CONTINUE existing Project/Program**
- 2. A primary goal of the Child Trauma and Learning Center at ICA is to offer counseling services despite a client's inability to pay or inability to attend in-house sessions. It is our goal to continue to provide services through financial aid. ICA's Program Budget for FY22-23 provides for Direct Counseling income from clients at \$38,643 and direct cost of counseling services is projected at \$61,769. ICA would like to request a grant to A grant fund from the City of Temecula in the amount of \$18,164 to partner with ICA in providing for 80 sessions (8 client/family units at an average of 10 sessions per client/family unit).**

In the hopes of receiving grant funding from the City of Temecula, and in order to continue providing existing services, ICA has expanded it program budget to include the following:

- 3. Purchase of 4 iPad Pros for client use at a total of \$3,600. The cost of \$900 per iPad is a small cost compared to the loss of services for the family members who could not afford an electronic devise and were not able to receive consistent services during times when access to in-office services was not available. Because the Covid variants continue to grow, this method of continuity of services will help serve our client's needs in desperate times. Alternatively, for a family who may not have the transportation means to attend in-house services, this may keep our counselors connected with a needy family.**
- 4. A grant fund from the City of Temecula in the amount of \$18,164 providing for 80 sessions (8 client/family units at an average of 10 sessions per client/family unit).**

Inflationary cost estimates all already factored into FY22-23 program budget for all our program needs including, but not limited to, office rent utilities, program and therapy supplies.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 18,164	
Amount contributed to the Project/Program by the Applicant Organization	\$ 212,264	
Other grants or funding already awarded for Project/Program, if any	\$ 4,080	
In-Kind match amount or volunteer credit hours estimated amount	\$0	
<b>TOTAL REVENUE</b>	<b>\$234,510</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$11,149
Facilities/Rent/Insurance		\$12,083
Supplies		\$1,282
Marketing		\$331
Services		\$56,269
Food		1,200
Other		\$6,987
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$105,961
<b>TOTAL EXPENSES</b>		<b>\$195,262</b>
<b>TOTAL BUDGET</b>	<b>\$234,510</b>	<b>\$195,262</b>

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** International Christian Adoptions (ICA)

**MAILING ADDRESS:** 41745 Rider Way, Suite 2 **PHONE:** (951) 695-3336  
Temecula, CA 92590 **EMAIL:** charlottep@4achild.org

**PRESIDENT / AUTHORIZED OFFICER:** Charlotte Paulsen Executive Director  
PRINT NAME TITLE

**SIGNATURE:**  **DATE:** 09/12/2022  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** Jennifer Mitchell Office Manager of Child Trauma & Learning Center  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959





[Home](#) > [Tax Exempt Organization Search](#) > International Christian Adoptions

< [Back to Search Results](#)

# International Christian Adoptions

EIN: 33-0412343 | Temecula, CA, United States

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> **Other Names**

## Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** GROUP

## Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

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Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> **Tax Year 2020 Form 990**

> **Tax Year 2019 Form 990**

> **Tax Year 2018 Form 990**

> **Tax Year 2016 Form 990**



## Entity Status Letter

Date: 9/8/2022

ESL ID: 5733937788

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1664688

Entity Name: INTERNATIONAL CHRISTIAN ADOPTIONS

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2020 calendar year, or tax year beginning** 7/01, **2020, and ending** 6/30, **20 2021**

<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> INTERNATIONAL CHRISTIAN ADOPTIONS INSTITUTE FOR CHILDRENS AID 41745 RIDER WAY #2 TEMECULA, CA 92590	<b>D</b> Employer identification number 33-0412343
		<b>E</b> Telephone number (951) 695-3336

<b>F</b> Name and address of principal officer: CHARLOTTE PAULSEN Same As C Above	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? If "No," attach a list. See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

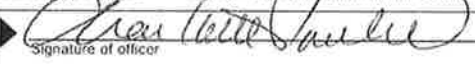
**J** Website: ▶ WWW.4ACHILD.ORG **H(c)** Group exemption number ▶ 6068

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1990 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO OFFER CHILDREN HOPE IN THE LOVE AND COMPASSION OF JESUS CHRIST, HOPE FOR BASIC NEEDS, HOPE FOR AN EDUCATION AND BRIGHT FUTURE, AND HOPE FOR A HOME IN A FAMILY THEY CAN CALL THEIR OWN. THIS IS FULFILLED THROUGH ADOPTION, FOSTER CARE, HUMANITARIAN AID COUNSELING AND SUPPORT.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	7
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	69
	<b>6</b> Total number of volunteers (estimate if necessary)	6	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	3,851,399.	3,787,276.
	<b>9</b> Program service revenue (Part VIII, line 2g)	134,438.	110,300.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		267.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,236.	326,345.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,988,073.	4,224,188.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,049.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,013,061.	2,032,581.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,365,589.	1,564,992.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,397,699.	3,597,573.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	590,374.	626,615.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	2,582,687.	2,947,255.
	<b>21</b> Total liabilities (Part X, line 26)	513,049.	251,002.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,069,638.	2,696,253.

**Part II Signature Block**

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

<b>Sign Here</b>	 Signature of officer	Date
	CHARLOTTE PAULSEN Type or print name and title	Executive Director

<b>Paid Preparer Use Only</b>	Print/Type preparer's name William A Harris III	Preparer's signature William A Harris III	Date	Check <input type="checkbox"/> self-employed <input type="checkbox"/> PTIN P00614689
	Firm's name ▶ ELITE FINANCIAL SOLUTIONS	Firm's EIN ▶ 20-8044652		
	Firm's address ▶ 301 E FOOTHILL BLVD., STE. 201 ARCADIA, CA 91006	Phone no 626 256-1400		

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

## EXECUTIVE SUMMARY

International Christian Adoptions Institute for Children's Aid (ICA) is not just an adoption agency. The institute began in 1990 as a non-profit 501(c)(3) corporation with its principal office in Temecula, CA. The institute consists of two major divisions: International Christian Adoptions and the Institute for Children's Aid (ICA) which is inclusive of the Child Trauma & Learning Center. We stand on Biblical principles in all we do, lending hospitality and sanctuary to all who are in need. We are a voice for those who cannot speak for themselves, believing that all life is sacred. Our staff is multi-lingual, multi-ethnic and professionally trained to assist in various capacities.

This mission of protecting, supporting, and assisting the most vulnerable within our community is fulfilled at ICA through adoption, foster care, humanitarian aid, counseling and support.

### Mission Statement

International Christian Adoptions (ICA) believes in the sanctity of life in that all children born and unborn are valued and uniquely made. Our overriding mission is to offer children hope in the love and compassion of Jesus Christ; hope for basic needs; hope for an education and bright future; and hope for a home in a family they can call their own. The mission is fulfilled through adoption, foster care, humanitarian aid, counseling and support.

### Our Covenant

- To promote and secure the emotional, spiritual and physical welfare of children who have been victimized, abandoned or persecuted; found in the streets, war zones, government run institutions, refugee camps or family homes.
- To actively engage in providing immigration and refugee resettlement services to those fleeing persecution, war, oppression and poverty.
- To provide an environment of peaceful and humanitarian exchange to foreign students and those who go abroad.
- To offer an environment where hard working artisans can be paid a fair wage and be given the dignity of self-determination through fair trade.
- To provide opportunities for orphans to experience culture and sense of family with camps to America and in their country.
- To widen the horizons of Americans by sending them to foreign countries to experience differing cultures through a myriad of work projects, camps and activities.
- Maintain a Hague compliant licensed child placement agency under a different name in accordance with the laws of the State of California in order to provide temporal foster care and adoptive placement.
- Maintain several programs to enhance ICA's mission which is not limited to but includes immigration and refugee resettlement services; foreign student exchange program; fair trade; cultural camps; mission programs and tours, and other social service programs.

ICA is a well-established organization that meets the standards and qualification of many accreditations such as Accreditation of Rehabilitation Facilities (CARF), Intercountry Adoption Accreditation and Maintenance Entity, Inc. (IAAME), United States Agency of International Development (USAID), National Council for Adoption (NCFA) and Evangelical Child and Family Agency (ECFA). In addition, ICA is a full-service foster care and adoption agency for International and Domestic Adoptions, as well as multi-County Domestic Foster Care and Refugee Foster Care

programs. ICA also operates a Jubilee Exchange Fair-Trade Store in efforts to educate the community of the benefits and impact of purchasing fair-trade items both locally and world-wide. Our beautiful hand-crafted fair-trade items can be found in our office or at various educational events. (Farmers Markets, conferences, pop-ups)

## DEMOGRAPHICS AND COVID PANDEMIC

ICA has seen a rise in mental and behavioral dysregulation since the onset of the COVID-19 pandemic with escalated emotional and psychological traumas for children, youth and families in the community. According to a U.S. Census Bureau report, the number of people experiencing acute anxiety, depression and dysregulation are up 42% in the US (Leonhardt, 2021). As COVID-19 protocols loosen, more families are seeking counseling services for their children. This is being reflected at ICA as the average monthly services provided have risen by 38% during the first quarter of 2022 in comparison to that of 2021.

The National Alliance on Mental Health (NAMI) (2020) reported that 16% of adolescents (ages 12-17) experienced a major depressive episode (MDE), while 33% of young adults (ages 18-25) experienced a mental illness during the COVID-19 pandemic. Further, 20% of young people report that the pandemic had a significant negative impact on their mental health. As a society, we must recognize that our youth have experienced unique circumstances during the pandemic, including isolation, transition to virtual learning and drastic changes to routine that severely impacted the mental health of youth and young adults. The impact on children and youth has been significant, and the need for support and care is imperative (NAMI, 2020). Another 2021 study on the mental health of U.S. high school students during the pandemic, conducted by the Centers for Disease Control and Prevention (CDC), showed how impactful the pandemic was on the mental health of high school youth. This study indicated that 37% of students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year (CDC, 2022). The Office of Population Affairs quoted in a *Mental Health for Adolescents* article, "Globally, the prevalence of youth experiencing clinically elevated anxiety symptoms – roughly 1 in 5 – nearly doubled during the first year of the COVID-19 pandemic", (OPA)(n.d.) (Racine, McArthur, Cooke) (2021).

ICA serves people from diverse backgrounds, including many who have experienced trauma or come from the child welfare system. Half of all youth in foster care have a diagnosable mental health disorder (OPA, n.d.) (Youth.Gov, 2018). Children who are living in foster care have a substantially greater risk of experiencing mental health disorders, especially those connected with traumatic stress, such as abuse and neglect (OPA, n.d.) (Youth.Gov, 2018). In addition, 21% of youth ages 6 to 17 who live in poverty have mental health disorders (OPA, n.d.) (Lipari, Hedden, Blau, Rubenstein) (2016). It is estimated that 49.5% of adolescents have dealt with a mental health disorder at one point in their lives (OPA, n.d.). As a non-profit, ICA seeks to offer low-cost, high quality services to our clients. However, many families who have a great need for services find even these low-cost services a hardship.

## PARTNERSHIP

Institute for Children's Aid (ICA) Child Trauma & Learning Center would like to partner with the City of Temecula in fulfilling the mission of serving vulnerable populations within the Temecula Valley. ICA is requesting the City of Temecula's consideration for a financial grant. The Institute for Children's Aid Child Trauma & Learning Center serves the community by providing therapeutic support to children, adolescent youth and families. We specialize in serving diverse

populations: foster and adoption backgrounds, trauma, childhood, adolescent and family issues, anxiety, depression, addiction, trafficking victims, refugee and immigrant youth, ranging from 0-18 years of age. Additional services include parent support, case management, educational support/advocacy, etc. It is our desire for children, youth and families who are struggling with mental and behavioral health concerns, trauma, and grief, can receive the support and services they need, despite any financial hardships a family may face.

### PROGRAM COSTS

In California, the average cost of an hour-long traditional therapeutic session ranges from \$65 to \$250 for those without insurance (Leonhardt, 2021). As a non-profit 501(c)(3) and as a service to our community, ICA's Child Trauma & Learning Center desires to be as affordable as possible. The fee charged to our clients for an hour of therapy at ICA is \$55 per session. *But FY22-23 Program Budget estimates costs per session are \$278.* The center offers services well under market value and has utilized previously awarded financial donations as scholarships to families who are suffering from economic hardship, sometimes on a sliding scale depending on the scholarship awarded or level of need. Our therapists see the need for and importance of conducting services in office and in person, especially for our young clients who struggle to sit still or focus through an hour-long telehealth session. However, for those clients who prefer, we continue to offer telehealth sessions as an option. The comfort of our clients is always a top priority when offering options for therapeutic care. Our therapists also offer 24/7 on-call support to our clients and families.

With the addition of grant funds, the ICA Child Trauma & Learning Center would have the ability to continue offering scholarship services to families impacted by financial hardships including individual therapy, group therapy, family clinics, parental skills training, life skills training, educational support services, or case management. A financial grant would provide support to families who are unable to cover the weekly or bi-weekly services. This is especially important when considering high risk clients, those with self-harm concerns, and/or suicidal ideation. The program cost for a standard individual therapeutic session is \$278. A client/family unit will be serviced at an average of 10 sessions valued at \$2,270. Therefore, a grant of \$18,164 would provide financial assistance for 100 sessions or 8 families at 10 individual therapeutic sessions to clients who have a financial need, and at no cost to the client.

### THE NEED FOR SERVICES IN OUR COMMUNITY

ICA continues to see the clients despite lack of ability to pay for service. This meets with the California Board of Behavioral Sciences ethical standards, until mental and/or behavioral issues resolve, accepting whatever financial compensation the client was able to afford. For example, in one particular circumstance, we accepted \$10 per therapeutic session from a previous client who was experiencing a financial hardship. As part of a larger agency, the ICA Child Trauma & Learning Center can operate at little to no over-head costs allowing for continual treatment for clients. Overall, the grant funds would allow the Child Trauma & Learning Center to have a lasting positive impact, promoting mental health and healing by increasing the amount of services that are offered to the families and children with financial hardships that are suffering in our community.

There is a high need for therapeutic services for children and youth in the Temecula Valley, many offices are overflowing and have had to place prospective clients on wait lists to be seen, sometimes those clients must wait a full-12 weeks before seeing a clinician. At ICA, we do everything we can to see clients within 1 week from the day they initially call the office. After the

past almost three years dealing with a world-wide pandemic, our youth need to be able to receive the help they and their families need. With the addition of grant funds, ICA would also have the possibility to hire another clinician to meet those needs within our community.

Last year (FY JUN21-JUL22), our program serviced 86 client/family units: (59) from the Temecula Valley area, (12-Domestic and Foster care families referred from Riverside County and (5) International adoption families. Services to residents in the Temecula Valley area were 82% of our total counseling services.

The Child Trauma & Learning Center provides a comfortable office with trauma-informed staff, including licensed clinicians and supervised associates. The clinicians have access to any of our five therapy rooms and many therapeutic tools. Each therapy room is equipped with a variety of warm and welcoming décor, lighting and activities to meet the specific needs of each client. For example, some clients who have experienced trauma and/or have a specific diagnosis/disability, may have sensitivities to fluorescent lighting requiring a warmer light environment, or may require therapy to take place in an open space. Each of ICA's therapy rooms were intentionally designed for children with adverse backgrounds in mind. The Child Trauma & Learning Center is equipped with various tools: arts and crafts, board games, books and toys, along with many sensory tools like sand/bean buckets, sand tables, blankets, stuffed animals and weighted therapy blankets designed to help with sensory processing. The staff at ICA create tailored treatment plans to best suit each client and their needs. Our clinicians value their clients input and strive to create a sense of empowerment and investment from the client's perspective. The clinicians take a holistic approach to each client's case, in order to best serve their needs. The client is paired with the clinician that would have the best approach and potentially strongest therapeutic relationship with the client. By doing this, the greatest outcome for therapeutic success for the client can be achieved.

To make this achievable, ICA's Child Trauma & Learning Center makes available multiple options for scheduling to allow families to receive the support they need. Adhering to COVID-19 CDC Guidelines, ICA offers services through telehealth, in-person and in-home therapeutic services (when therapeutically appropriate). Understanding our client's hesitancy regarding COVID-19, ICA provides options, to make each client feel comfortable with their therapeutic experience. Therapeutically, we use a combination of the following to provide the most effective approach to healing for each client: evidenced-based modalities including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Solution-Focused, Narrative Therapy, Trust Based Relational Interventions (TBRI), and evidenced-based techniques (such as Guided Imagery, Mindfulness, Play Therapy, Art Therapy, deep breathing, etc.). After determining the best modality for each client, our clinicians will provide tailored treatment plans with adapted techniques suited for each client and decide with the client and family the best option for success. An individualized plan will be developed for each client to determine the best course of healing. In order to maintain growth and sustained progress, our clinicians will frequently re-evaluate the plan for each client.

Due to the Child Trauma & Learning Center being part of a larger organization with many different programs, the center can thrive without much overhead costs, allowing fees for services to remain low for clients. This allows for a long-term presence of therapeutic services being available to the community. With the additional grant funds from the City of Temecula, the Child Trauma & Learning Center would be equipped to provide support and services to more children and families who are currently struggling with the lack of mental and behavioral health services.

Through this, we can have a greater impact to reach and sustain our community by teaching the families and children how to maintain positive mental health techniques, implement coping skills, reducing the current trauma in society, and joining in the need for healing.

Thank you for your consideration in partnering with ICA in support of our children and families in need. The support is appreciated and will aid in the healing, empowerment and growth for the children that we serve in our local community.





# 2021 ANNUAL REPORT

INTERNATIONAL  
**CHRISTIAN ADOPTIONS**  
INSTITUTE FOR CHILDREN'S AID, (dba)

*A Voice of HOPE for Children Worldwide*





# OFFICE LOCATIONS



**Headquarters**  
41745 Rider Way #2  
Temecula, CA 92590



**Branch Office**  
6248 Birdcage St.  
Citrus Heights, CA 95610



**Branch Office**  
1800 Martin Luther King  
Parkway Ste 201  
Durham, NC 27707



**Branch Office**  
500 La Terraza Blvd Ste 150  
Escondido, CA 92025



**Branch Office**  
335 University Ave Ste 200  
Sacramento, CA 95825



**Branch Office**  
Riverside, CA

### Contact Us

Phone: (888) 507-9360  
Email: [info@4achild.org](mailto:info@4achild.org)  
Web: [4achild.org](http://4achild.org)



# OUR MISSION

**International Christian Adoptions (ICA)** began in 1990 as a non-profit 501(c)(3) corporation with its principal office in Temecula, CA. ICA consist of **two major divisions; International Christian Adoptions** and the **Institute for Children's Aid**. We stand on Biblical principles in all we do lending hospitality and sanctuary to all who are in need. We are a voice for those who cannot speak for themselves believing that all life is sacred. Whoever you are, and whatever your need as a family, we are here to help you. ICA is dedicated in helping children and their families around the world and in the United States. Our staff are multi-lingual, multi-ethnic and professionally trained to assist in various capacities.



Some of our ICA Staff

ICA believes in the sanctity of life in that all children born and unborn are valued and uniquely made.

Our overriding mission is to offer children:

- **HOPE** in the love and compassion of Jesus Christ
- **HOPE** for basic needs
- **HOPE** for an education and bright future
- **HOPE** for a home in a family they can call their own.

**This mission is fulfilled through adoption, foster care, humanitarian aid, counseling and support.**





# OUR SERVICES

Everything we do is for the children. We have comprised a set of comprehensive services and programs to provide children with loving and safe homes. We work closely with the parents and forever families to ensure an environment where the child can continue to grow and become their best self. Contact our caring and professional staff to learn more.



01

### Adoption Services

As a licensed, non-profit adoption agency, ICA provides compassionate and caring services to the adoptive triad (birth parents, adoptive parents and children).

02

### Foster Family Services

Providing loving support and comfort to abused and neglected children through mentoring programs, reunification services and respite care.

03

### Humanitarian Aid

Providing relief services to foreign and domestic orphanages and to the children in domestic residential facilities. This relief includes goods delivered, foreign exchange programs, transitional homes and micro business support.

04

### Child Trauma & Learning Center

Qualified, well-trained Christian professionals provide counseling services and support groups to birth parents, adopted children, adoptive parents, foster children and foster parents.

05

### Family Training

We provide ongoing support to the adoptive family and the children they are parenting, both before and after placement. These classes prepare the adoptive and foster families for the special emotional and developmental challenges that they can expect when raising children who have been in institutional care.



# Children's Peace Exhibit

Institute for Children's Aid presents the first registered museum of its kind to Southern California's Temecula Valley. The Children's Peace Exhibit offers an interactive journey for children and adults of all ages, where they travel through the complexity of contemporary issues affecting children on a global scale. Children and Adults start their journey with their own exhibit passport and work through 14 exhibits tackling problems that many children face such as abuse, child slavery, child labor, war, refugees, homelessness, hunger, education and others. Each exhibit is designed to equip and inspire its visitors to learn the facts, identify the problems and become an important advocate for change. The Children's Peace Exhibit is an experience all in itself with the purpose of educating others of the plight of children worldwide while providing innovative ways to make a difference. Interactive stations and artwork provide a unique forum to view exhibits from museums around the country, giving tangible depictions of challenges to children's rights that are rarely discussed or seen.



### Explore Children's Rights

This interactive exhibit showcases children's universal rights and the problems/conflicts they face on a day to day basis when those rights are suppressed or violated.



### Connect for Positive Change

Discover, support, and work alongside a variety of groups and organizations that seek to protect and support sustainable change for children worldwide.



### Understand the Issues

This exhibit engages with individuals and communities on an interactive level to bring about understanding and cooperative action.



### Care for Children

Cultivate compassion and care for these children. Be equipped to make a difference within your local and global community.



# RECRUITMENT

In 2021, due to the pandemic and cultural shifts, our primary way of meeting for all programs was through digital conference calls. We shifted from monthly in-person and on site Info Meetings to individually planned and focused Info Meetings through Zoom. Towards the end of 2021, we were able to thankfully host 1 in-person event.



\* Tem- Temecula  
 CH- Citrus Heights  
 D - Durham

## Info Meetings (Total Number of Families: 94)

<b>Jan</b> Tem-4, CH-7, D-1	<b>Jul</b> Tem-2, CH-0, D-0
<b>Feb</b> Tem-5, CH-8, D-0	<b>Aug</b> Tem-3, CH-1, D-0
<b>Mar</b> Tem-5, CH-5, D-0	<b>Sept</b> Tem-3, CH-2, D-0
<b>Apr</b> Tem-6, CH-7, D-1	<b>Oct</b> Tem-2, CH-8, D-0
<b>May</b> Tem-3, CH-5, D-0	<b>Nov</b> Tem-2, CH-6, D-0
<b>Jun</b> Tem-3, CH-2, D-0	<b>Dec</b> Tem-2, CH-1, D-0

### Significant Events for 2021

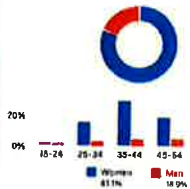
Due to Covid 19 Restrictions, we were only able to hold 1 Pastors & Leaders Breakfast in October.



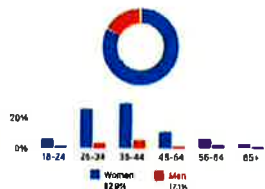
# SOCIAL MEDIA

1,034 Facebook Followers 754 Instagram Followers

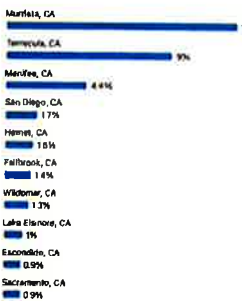
Age & Gender



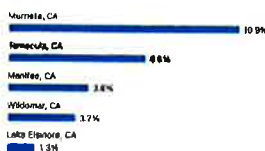
Age & Gender



Top Cities



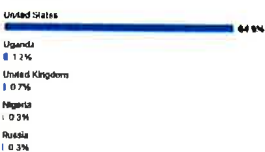
Top Cities



Top Countries



Top Countries



Questions/Inquiries? Inquires About Info Meeting 2

With seeing the need to improve our digital presence, it has become of major importance to streamline all of our digital and graphical presentations. In 2021, we have seen the need to continue to establish our "brand", we have done so with a slight logo update, fonts, colors, social media shifts, PowerPoint implementation and website updates.

Our goal is to continue with stability of posts, but with an emphasis on streamlining our brand. In order to streamline the overall process, it started with our social media and has since branched into every other department and a lot of our forms and documents. We learned that our families were receiving a disconnect in the Recruitment Process from beginning to placement because we hadn't kept the ICA brand intact. It has been a slow-going process, but a fruitful process as our families have been blessed by the shift.

Facebook Followers: 1,034  
facebook.com/4achild

Instagram Followers: 754  
instagram.com/4achild



# INTERNATIONAL PROGRAMS

## International Adoptions

ICA is Hague Accredited and fully licensed to do adoption related services in both incoming and out-going cases. It also serves relative families who are adopting related children in the US or out-of-country. ICA has statewide licenses in California and North Carolina but can also work in other states through its partner agencies. ICA is registered in Bulgaria, India, Latvia, Philippines, Poland, Romania, and Taiwan and works in partnership with other Hague approved agencies in many other countries. In addition, ICA offers supervisory services in Hungary and China. ICA conducts a 4-week Welcome Home Program in the countries of Latvia and Philippines for children who are eligible for adoption. We track International families adopting in countries where ICA is registered. ICA is considered the "Primary Provider", which means ICA receives the referral of the child. When ICA is the "Supervising Provider", the adoptive family is working with another agency (who becomes the Primary Provider), ICA completes the home study and supervision reports which are submitted to the Primary Agency. An ICA social worker will typically be assigned to these cases.

### In 2021, ICA had 10 total children in International Placements

- 6 children finalized their adoption in 2021
  - 1 of those finalizations was a child from Bulgaria
  - 5 of those finalizations were children from Philippines

ICA had a total of 7 Families who had children placed in 2021. ICA Had 14 Families (where ICA acted as Primary Provider) who were in Assessment, but did not get placement.

Respite Care: 0



## Respite Care

Qualified foster families are needed to provide after school care, transportation to medical/dental appointments, tutoring, mentoring or temporary care for a child. Temporary care can extend for a few hours, to overnight or weekend visits. This allows primary caregivers and/or child a break from their routine. It also assists families who may have out of town obligations or celebrations wherein the child is not allowed to leave the country (24 hours or more). The hallmark of this program is that foster families help each other. Multiple families provide this care.







# DOMESTIC PROGRAMS

## New Beginnings

We provide counseling to expecting parents to determine the best plan for them. Should the birth parents decide to make an adoptive plan, they participate in selecting a family profile of home study approved adoptive families. ICA provides services and support for the adoption triad (child, birth parent, and adoptive parents.) Inquiry meetings between interested families and ICA have taken place.



### New Beginnings (Private Adoptions):

- 1 Birth Mother
- 1 Infant placed
- 1 Adoptive Family (approved in 2021)

### Safe Harbor and America's Orphans Placements:

- In 2021, ICA had 47 total children/youth in foster care placements through the whole year.
  - 7 children were reunified with birth parent(s)
  - 9 children finalized their adoptions and exited foster care
  - 4 children were discharged and placed with relatives with the plan for adoption
  - 2 children were discharged and placed with relatives as a foster placement
  - 2 children were discharged to a higher level of care
  - 1 child was a planned temporary placement
  - 4 children were discharged and moved placements for other reasons
  - 18 children remained in placement with an ICA family at the end of 2021
- In 2021, ICA had 26 Resource Families have placement of children/youth in their home.
- In 2021, ICA had 7 families approved as new Resource Families for Domestic Foster Care and Foster to Adopt, 6 of the 7 Resource Families approved took placement of child(ren)/youth in care.
- At the end of 2021, ICA had 14 families active in the resource family assessment process.

## Safe Harbor

This is our domestic traditional foster care program for children. Resource Families become an extension of the Court system, "safe harboring" children with the goal of reunification with their birth family. A Resource family interfaces with the birth parents, supervises visitations, transports to medical/ counseling appointments while caring for the wellbeing of the child. Resource families continue to care for and support the child through the different phases of the child's court case. Resource parents are a vital part of the child's team. This program includes infants, toddlers, school aged children, teens, and non-minor dependents. Resource Families receive monthly financial aid for the care of the child and the children receive Medi-Cal benefits.



# DOMESTIC PROGRAMS

## America's Orphans

These are children currently in placement within the foster care system. ICA holds contracts with multiple County Department of Children's Service agencies. At any given moment there are over 423,997 children nationwide within the Foster Care System and over 122,216 are waiting to be adopted (Children's Bureau, June 23rd, 2019). School-aged children, sibling groups, boys, and teens are currently available for adoption. This is a no-agency fee program with minor incidental costs for assessment. Once families are assessed and approved they are considered Resource Families. Resource Families will be challenged to equip themselves through books, videos, seminars, and live trainings to meet the needs of these children on their path towards healing. Resource Families receive monthly financial aid for the care of the child and the children receive Medi-Cal benefits.

2018 - 9 Adoptions Foster & Foster to Adopt Placements  
 2019 - 26 Placements Foster & Foster to Adopt Placements  
 2020 - 31 Placements Foster & Foster to Adopt Placements  
 2021 - 46 Foster & Foster to Adopt Placements



# JOURNEY OF HOPE

## Long Term Foster Care (LTFC)

On March 1, 2003, the Homeland Security Act of 2002, Section 462, transferred responsibilities for the care and placement of unaccompanied children from the Commissioner of the Immigration and Naturalization Service to the Director of the Office of Refugee Resettlement (ORR). Unaccompanied children apprehended by the Department of Homeland Security (DHS) are transferred to the care and custody of ORR. ORR promptly places an unaccompanied child in the least restrictive setting that is in the best interests of the child, taking into consideration danger to self, danger to the community, and risk of flight. ORR takes into consideration the unique nature of each child's situation and incorporates child welfare principles when making placement, clinical, case management, and release decisions that are in the best interest of the child. Long-term foster care is the care plan for a child/youth to remain in a specific fostering placement for an extended period of time until the child's 18th birthday. This is the least restrictive, most family-like environment for children in care. The population served are mainly children from Central and South America who have migrated to the US for various reasons of safety, economic or political turmoil, community violence, etc. Children in LTFC receive the following services; case management, legal/immigration, mental health, medical/dental/vision, psychiatric as needed, educational, independent living, cultural support, and extra-curricular.



### Our Young Adults

- **75%** successfully graduated Foster Care and have employment
- **20%** are in adult learning, technical and college
- **2%** are still in Foster Care learning
- **1%** left and had the opportunity to come back.
- **2%** graduated Independent Living and living wonderfully on their own with jobs.

### Services for Each Youth in Our Programs Receive

- Public Benefits (Medical, Dental)
- Legal Services
- Intensive Case Monitoring and Management Ensuring Services
- Education
- Employment
- Counseling
- Life Skill Classes

# JOURNEY OF HOPE

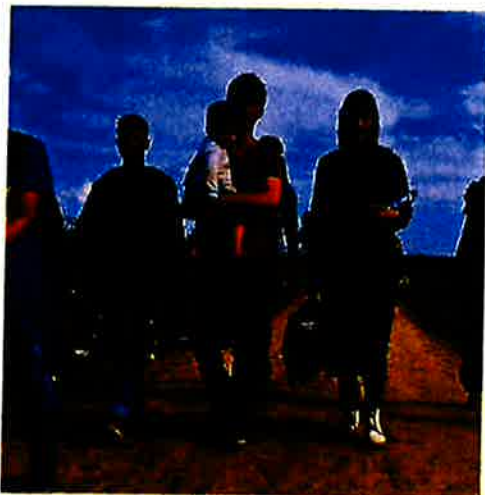
## Unaccompanied Refugee Minor (URM)

ICA works with the most vulnerable populations. The URM program ensures that eligible youth populations receive the full range of assistance, care and services available to all foster children in the state by establishing a legal authority to act in place of the child's unavailable parent(s). Our programs encourage reunification of children with their parents or other appropriate adult relatives through family tracing and coordination with local refugee resettlement agencies. However, if reunification is not possible, each program works to design a case specific permanency plan for each minor or youth in care.

### Additional Services We Provide Include:

- A home to call their own
- Food, clothing, medical care and other necessities
- Intensive case management by social workers
- Independent living skills training
- Educational supports including educational training vouchers (ETVs)
- English language training
- Career/college counseling and training
- Mental health services
- Assistance adjusting immigration status
- Recreational opportunities
- Support for social integration
- Cultural and religious preservation
- Refugee children, who enter the U.S. with family but experience a family breakdown, may be eligible to participate in the URM program, as well, through an OPR eligibility determination process.

In 2021, URM Certified Families with Placements: 8  
 In 2021, URM families currently in the Certification Process: 16



### LTFC and URM Certified Families:

- Have assisted over 207 youth

### LTFC and URM Have:

- Opened 16 more homes PLUS 3 large 4-5 bedroom homes



IAAME





# JOURNEY OF HOPE

## Special Family Finding



ICA is opening homes for Unaccompanied Refugee Minors (URM) and Unaccompanied Children (UC) and is leaning away from traditional terminology by calling the homes Trauma Based Caregiver Families instead of foster homes. Technically they continue to fall within the foster-care systems. Some specialized homes are for female youth who have been trafficked and are struggling. These youth will be given 24/7 care to include evidence-based trauma counseling in Cognitive Behavioral Therapy (CBT). Other homes are for youth who have aged out of the systems like foster care or residential care. They learn independent living skills to include how to apply for a job, resume writing, taking care of a home, budget planning, shopping, dating and many other valuable tools.

## Family Preservation & Reunification Services (PRS)

ICA helps to ensure unaccompanied children are safe, healthy, resilient and thriving, and that parents and caregivers are supported to create a safe and nurturing home environment. ICA does not endorse situations where these children are separated from safe family and helps to reunite them with loved ones who are well-equipped to care for them. Every child has the right to life, access to clean water, food, education, a safe environment and most of all HOPE for a future.



### Temecula (Heartland)

- Accepted 60 cases
- Closed 46

Of the 60 cases, accepted 8 are TVPRA and 52 are PRS only

- Completed 9 Home Studies

### Citrus Heights (USCCD)

- Accepted 28 cases
- Closed 21

All Cases Accepted/Closed were PRS only

### Durham (Heartland)

- Accepted 39 cases
- Closed 29
- Completed 1 Home Study

All Cases Accepted/Closed were PRS only

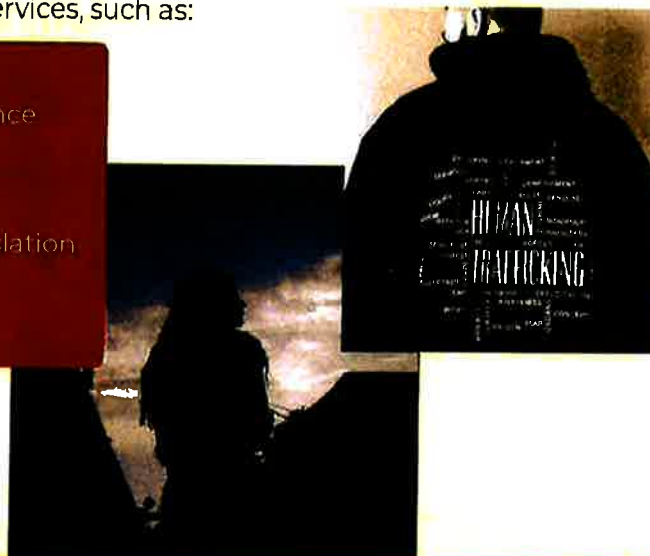


# JOURNEY OF HOPE

## Trafficking Victim Assistance Program (TVAP)

ICA partners with USCRI. TVAP supports foreign national adults and minors who have experienced human trafficking and are pursuing the Department of Health and Human Services (HHS) certification—a process that allows certified survivors access to public benefits and services under any federal program to the same extent as refugees. TVAP facilitates timely access to vital services to stabilize and reestablish survivors' ability to live independently through needs-based financial assistance and comprehensive, trauma-informed case management services, such as:

- Safety Planning
- Emergency Assistance
- Basic Needs
- Housing
- Public Benefits
- Interpretation/Translation
- ESL/Education
- Legal Assistance



### A Story of Hope

19 year old young lady from Honduras was a victim of assault in home country and became pregnant as a result; client was a minor in ORR care and was released to her aunt, however her aunt determined that she could not care for client any longer once she turned 18 years old and especially not once she gave birth, so client rented a room from acquaintances for a few months; once her baby was born, the landlords raised her rent by \$200 without notice stating that it was due to her now having a newborn. With the help of International Christian Adoptions (ICA) as her TVAP provider, client was able to find a small apartment for herself and her infant, she is now working and settled with benefits that she qualified for with her HHS Certification Letter. Client is currently doing well and will be graduating from TVAP program in the next month.





# CHILD TRAUMA & LEARNING CENTER

The Child and Family Counseling Services program offers community-based counseling services in the Riverside County area. ICA has many years of expertise in assisting families and children, especially those children who come from trauma based circumstances. Many children come into a family through "blended" circumstances; many may have come from foster care; many have come from orphan institutional care and adoption. We understand the issues and the challenges many are facing. Our goal is to help our clients 'unglue' the situations and get back to a healthy functioning family. There are a variety of individual, family or group sessions using strength-based therapeutic techniques. We provide services primarily to children, including individual and family, through Play Therapy, Trauma-Focused Cognitive Behavioral Therapy, etc.



### Billable Hours

- 2018 - 14,140
- 2019 - 20,710
- 2020 - 34,708
- 2021 - 40,700



**Total of All Sessions: 782**

### Child Trauma & Learning Center

- 70% Victims of Trafficking
- 20% Victims of Civil Unrest, Gangs and War
- 10% Victims of Family Violence
- ALL% Impoverished, Lack of Food, Water, Shelter
- ALL% Living in orphanages, refugee camps, house to house, street to street
- ALL% Fleeing Home



4achild.org  
info@4achild.org  
(888) 507-9360

# JUBILEE EXCHANGE

## Fair Trade



Jubilee Exchange is a Fair Trade shop that promotes connecting producers and consumers in ethical trading partnerships through wholesale retail. Your support, provides long-term stable incomes and self sufficiency to people in otherwise impoverished areas. Local artisans are paid above-market wages which provides a higher quality of life for themselves and their children.

This ethical marketplace brings many fun and functional gifts and products to local consumers by partnering with a vast network of fair trade certified organizations such as Equal Exchange (Worldwide), SERRV (Worldwide), Altiplano (Guatemala), Prosperity Candle (Worldwide), Divine Chocolate (Ghana), UPAVIM (Guatemala), Rahab's Rope (India), Child's Cup Full (West Bank), Darzah (West Bank), Mayan Hands (Guatemala), Sak Saum (Cambodia), and Ten Thousand Villages (Worldwide), to name a few. Jubilee Exchange is a separate non-profit under the umbrella of ICA. ICA has expanded its services to include the fair trade store, artisans, assisting missionaries who will be working alongside prospective artisans, job training and employment for young adult refugees in this country (teaching them warehousing, clerical skills, store management, inventory control, etc.) The shop items are mobile and are taken to various invitational events used to encourage an open dialog of our various programs. Sales from the Jubilee Exchange shop are used to do good and make a positive difference in the lives of children, families, and communities worldwide.

**JUBILEE EXCHANGE REVENUE**  
 Gross Sales \$6,885.39  
 Net Sales \$4,576.37

Unfortunately, due to the COVID-19 pandemic, we had to temporarily close the Jubilee Exchange store to the public and limited sales for the majority of 2021.



# HUMANITARIAN AID



### Local Church Support

Over a dozen churches in the Riverside and San Diego counties including; Rancho Christian, Calvary Murrieta, and Calvary Chapel Bible College participated in sponsoring events and toy drives. They also invited families and individuals to participate by donating Hope Paks designed to support children in need. Each child in the Transitional Foster Care Program was provided with at least one 40 lb. bag of humanitarian aid items when they reunited with their family.



### Local Business Support

Carter's children's clothing brand and local businesses donated clothing to the children in our Foster to Adopt programs.



### Christmas Gift Program

We partnered with Calvary Chapel Bible College who hosted a toy drive and Fair Trade Bazaar which collected Christmas gifts for children in our Foster and Refugee programs. We also received toy donations from Rose Again Foundation which we distributed to children throughout all our programs.



### Haiti & Philippines

Throughout the year, ICA staff and our supporting families happily send donations and funding to children in Haiti and the Philippines.



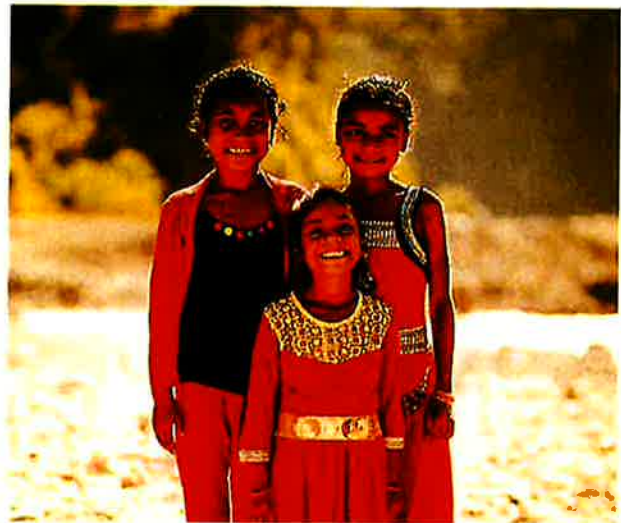
### MyStuffBags Foundation

My Stuff bags Foundations granted ICA duffel bags filled with travel-sized hygienic products, blankets, toys, and books/puzzles for distribution to the many foster care children and foster care agencies in the California counties.



### Local Community Support

The local community, along with Rose Again Foundation of Temecula have donated new clothes, shoes, school supplies, educational toys, diapers, wipes, toiletries, gift cards, and backpacks year-round. These items were distributed to children throughout our programs including our foster to adopt program, as well as any child in the community who had a need.

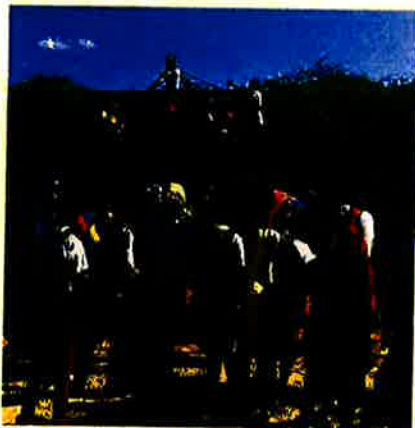


# HAITI PROJECT

ICA has built a transition home for orphan children receiving care in Haiti. Currently the home is being managed by the local Nazarene Church and the house parents are volunteering from the U.S. to help get the program started.

Haiti has had such horrible disasters in the past years leaving its people without homes, food, adequate water and medical care. In a response to the needs of Haiti, in 2013, ICA reached out to the government, met with them and asked what the greatest need was. The resounding answer was homes for children in transitions. So, ICA began a long process that ended in an amazing partnership with Haitian nationals and a U.S. Church denomination. ICA will be building a "village" that will provide a home for children on the streets; a garden to help feed everyone and teach skills; sheep to herd; a small recreational area; a well for safe drinking water (which is very difficult to fix in Haiti) and a church. This is quite an undertaking for us. Some funds have been raised but we are far from our goal. ICA needs your help and support. Together with the local Haitians, we have designed our programs to protect children, preserve families, promote economic independence, all while proclaiming the gospel. We hope to empower future generations with a life of hope and possibility. Our mission is to prevent orphans and building strong families and communities in Haiti. We seek to help the most vulnerable families stay together and to encourage extended families and local communities to care for the orphans among them.

"Men anpil, chay pa lou". Many hands make the load lighter. - Haitian proverb



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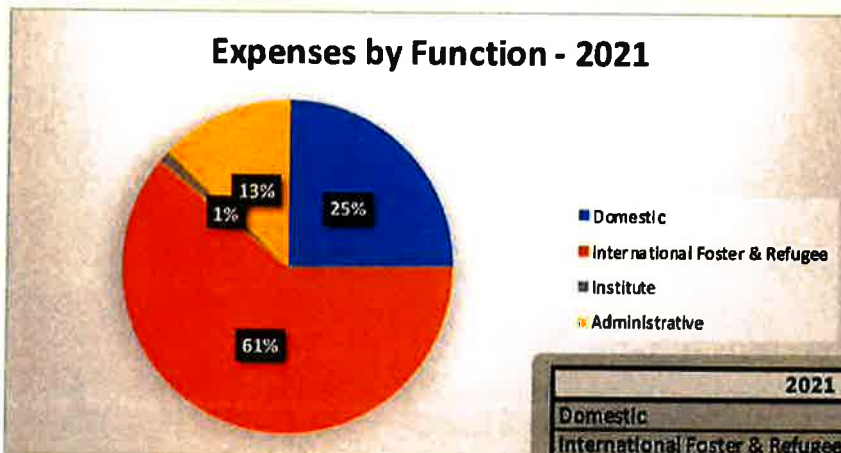
# FINANCIALS

## Revenues Earned



2021	
Long-term Foster Care (International)	\$ 1,299,571
Unaccompanied Refugee Minors (International)	1,631,095
America's Orphans - Foster (domestic)	596,108
Private Adoption Agency Reimbursement Program (PAARP)	114,000
Counseling	44,321
International adoptions (International)	65,979
Contributions, grants and donations	382,802
Jubilee Store sales	2,609
Post-release	112,916
<b>Total</b>	<b>\$ 4,228,401.00</b>

## FUNCTIONAL EXPENSES



2021		
Domestic	\$ 894,201	25%
International Foster & Refugee	2,186,532	61%
Institute	46,159	1%
Administrative	467,437	13%
<b>Total</b>	<b>\$ 3,594,329</b>	



# WAYS TO GIVE

- Hope Paks (Humanitarian Aid Gifts)
- Child Sponsorship
- Family Sponsorship Fund
- Gift of Life Fund
- Gifts of purpose
- Amazon Smile Program
- Shop Jubilee Exchange (Fair Trade Store)
- Monetary Donations/Gift Cards
- Child Trauma & Learning Center Scholarships



**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**25**

**JACOB'S HOUSE INC.**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Jacob's House Inc. Start Date: 09/01/2022 End Date: 08/31/2022

Physical Address of Project/Program: 31525 Jedediah Smith Road Temecula, CA 92592  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Jacob's House Inc.

Mailing Address: Same as above

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Jacob's House Inc. Year Founded: Dec. 2012

Website: www.jacobshousetemecula.org Social Media: Facebook, Instagram, LinkedIn

Number of Paid Staff: 2 Number of Volunteers: 70+

Geographic Area(s) the Organization Serves: City, County, State, National & Internationally

Geographic Area(s) the Project/Program Serves: Citywide-Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Martin Barrera-Martinez Title/Position: Executive Director

Contact Person's Direct Telephone: 951 452-2627 Contact Person's Email: martin@jacobshousetemecula.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 8/16/2007  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 26-1183832 State Identification Number: \_\_\_\_\_

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Jacob's House is a home of refuge where families and loved ones of those in hospitalized traumatic medical need can find hope, comfort, peace, and inspiration. We are a community resource dedicated to serving families in crisis. We do this by providing a shelter for the physical, emotional and spiritual support.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Jacob's House	\$	Feb. 2022	City of Temecula CSF Grant
Jacob's House	\$	Feb. 2021	City of Temecula CSF Grant
Jacob's House	\$	Jan. 2020	City of Temecula CSF Grant
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 5,000	Morongo Band of Mission Indian Grant	Apr. 2022
\$ 2,500	Stater Bros. Foundation Grant	Jan. 2022
\$ 1,500	Riverside County BOS Community Improvement Designation Grant	Jul. 2022
\$ 16,458	Small Business Administration (SBA) Paycheck Protection Program (PPP) Grant	Feb. 2021
\$ 2,625	The Schultz Family Foundation	Mar. 2021
\$ 3,000	Harrah's Casino	Sep. 2021
\$ 15,000	California Relief Grant	Oct. 2021
\$ 420,000	Anonymous Medical Group (earmarked ONLY to payoff our mortgage)	Dec. 2021



## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Jacob's House's City of Temecula Grant Application seeks to secure funds to sustain program services extended to families displaced by a medical crisis. Success is measured based on two formulas including: number of individual family members served, and number of nights/length of stay. This total is calculated by 4 rooms by the number of days per year 365 equaling 1460 total nights of occupancy opportunities for the year. During the program years 2022-23 Jacob's House intends to serve a minimum of 100 family members, and provide a minimum of 500 overnight stays. These projections seek to maintain the current level of services in the wake of COVID-19, which reflects a 76% increase in program impact from Jan-Jul 2021 vs 2022. A continued partnership with the City of Temecula's more robust grant opportunity will help Jacob's House sustain services provided in Temecula Valley, where Jacob's House remains the sole provider of emergency lodging for families displaced by a traumatic medical crisis. The second important benefit is engaging Temecula residents with a unique opportunity to strengthen community ties to each other and with the larger community. This also provides a vehicle that broadens Temecula's support network, plus exposes Temecula citizens to other residents with common interests, neighborhood resources, and fun and fulfilling activities. Our hope is to extend our partnership. Leverage these funds and stakeholder's support that comes with being awarded with a Temecula City grant. Finally, with expanded funding we will continue our mission in providing a physical refuge, emotional comfort, and financial solvency to the area's families facing an emergent medical crisis.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

As Southwest Riverside County's only healthcare hospitality home, funding sources, be they from municipalities (including the City of Temecula), foundations, businesses and/or endowments, will be instrumental in meeting the uptick trend in families experiencing a traumatic medical event resulting in Jacob's House providing services. Expenses will/may take the form of expanded direct mission delivery services for families, purchase inventory, deferred maintenance, repairs, marketing campaigns, outreach events, new equipment, furnishings and/or social service programmatic guest experience enhancements that strengthen human services programs like Jacob's House.

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Ways that Jacob's House has met and will continue to meet the needs of the local community is by providing the citizenry of Temecula an opportunity to give back ever since our opening in December 2012. Be it sweat equity, development, fundraising, maintenance, guests family services, service projects and/or outreach, Jacob's House has become that vehicle for businesses, community based organizations, students, retirees, faith-based communities, and area stakeholders to utilize their experience, learn new skills, make a connection, develop new bonds, and profoundly make a difference in the lives of their brethren through community volunteerism. Temecula volunteers' role in the community is a unique one, where they can measure their resolve by their commitment to helping other. This includes but is not limited to, helping reduce stress and financial burdens for families when they must travel far from home when their loved one has a health care emergency, in turn allowing families the ability to stay together when there loved one is sick or injured. Another benefit to community is when an area's citizenry is engaged in the welfare of others in the community, the community itself begins to thrive. With Jacob's House's size, mission, and scale of volunteer service opportunities, we are uniquely positioned so Temecula residents can give back in meaningful ways. We believe that significant changes can and does occur with individuals, cities and communities when the adage of "being of service" is realized through a stable, respected and valued entity. Throughout it all, we have been able to serve as a critical Temecula resource, showing up during times of need and helping families, be they Temecula residents or visitors, with the support during their most vulnerable times. Jacob's House is proud to serve through a network of more than 70 Temecula volunteers, 100's of businesses, CBO's, houses of worship, school districts' students and countless service groups, such as National Charity League, Boys/Girls Scouts, etc. in benefiting both volunteer and recipient of that kindness.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	<b>170</b>
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3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	<b>70</b>
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**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

With the City of Temecula 2022-23 grant, Jacob's House will provide 700 nights of emergency lodging for family members enduring a traumatic medical crisis, preserving their physical, emotional, and financial stability. While simultaneously providing 70 residents, businesses, community based organizations, faith-based communities, and service groups the ability to connect to our community, make a difference in the lives of families experiencing a traumatic event, and prove that Temecula's well earned reputation extends to both residents and visitors alike.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

Like every business, entity, and healthcare hospitality home like Jacob's House, we were impacted by and had to make changes in the way we do business in response to the COVID-19 global pandemic. As a unique social services provider and resource in Temecula, we are open and continue to provide families experiencing a traumatic medical event with lodging, meals, ancillary resources, and emotional support. However, the result of this pandemic impact was experienced in the following ways: In 2019 we briefly (1 1/2 months) had to ceased services in order to work with the CDC, State Health, and Riverside County Health Departments so we could reopen with the latest procedures, protocols and strategies that kept not only our families safe but also our Temecula volunteers and staff from contracting the disease. Developed partnerships that provided Jacob's House with in-kind services, products and/or inventory to manage the charges needed to operate safely, such as the PuroClean Company. They provide a hospital level 1 disinfecting of each room and common areas after a family checks out. Our occupancy impact is based on our matrix, which is 4 Jacob's House rooms x 365 days per year = 1460 night maximum total of how many nights we can provide occupancy in a calendar year. In 2020 our service occupancy was reduced to 236 nights based on hospital visitation restrictions. In 2021 our occupancy was 477 nights, an increase of 102% in services provided. In 2022 our goal is 500 nights of occupancy; however, we have reached 500 as of this writing with 4 months left in this calendar year due to increase needs and knowledge of resources in Temecula. As previously mentioned, we are open to families who need us, and in doing so we have adopted strategic mitigating operational plans, and precautions to protect our guests, who are facing critical medical challenges of their own. Even as we absorb these extra operational costs due to COVID-19, for everyone's protection, we are still able to safely provide lodging at the higher expected rate of occupancy. By working with our national association, the Healthcare Hospitality Network, representing healthcare hospitality homes, like Jacob's House, and also surveying our 7 Valley hospitals, we have had to readjust our goals to include a 46% increase from last year's service numbers of 700 nights of lodging. The safety of the families we serve, and the safety of our staff, is at the forefront of everything we do and every decision we make regardless of increased costs. It is our priority to meet the needs of the families who depend on us by providing a safe, clean and welcoming home-away-from-home.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Our goal is to make sure people experiencing a traumatic medical event receive safe, secure lodging, traversing through their loved ones emergency care. Fully funded at the grant request amount, Jacob's House will be able to expand our ability to keep families financially solvent by providing free services to the tune of 700 nights of lodging for the year. Our analysis of Healthcare hospitality home trends, based on engagement between Jacob's House and the 7 hospitals in the Valley that we partner with, shows that we can expect an increase of services needed of approximately 40% (500 nights occupancy to up to 700 nights: based on 4 Jacob's House rooms x 365 nights per year = 1460 total maximum nights that we can provide service). In each case, having a "home away from home" allows the family in need to focus all of their energy on their loved one. With further funds to leverage, Jacob's House will be able to meet the increased demand and expand our services while continuing our partnership with other Temecula CBO's, businesses, faith-based communities, school districts and/or concerned residents, helping mitigate and lighten the burden of these exact families in need due to an emergency medical event.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

Like every business, entity, and healthcare hospitality home like Jacob's House, we were impacted by and had to make changes in the way we do business in response to the COVID-19 global pandemic. As a unique social services provider and resource in Temecula, we are open and continue to provide families experiencing a traumatic medical event with lodging, meals, ancillary resources, and emotional support. However, the result of this pandemic impact was experienced in the following ways: In 2019 we briefly (1 1/2 months) had to cease services in order to work with the CDC, State Health, and Riverside County Health Departments so we could reopen with the latest procedures, protocols and strategies that kept not only our families safe but also our Temecula volunteers and staff from contracting the disease. Developed partnerships that provided Jacob's House with in-kind services, products and/or inventory to manage the charges needed to operate safely, such as the PuroClean Company. They provide a hospital level 1 disinfecting of each room and common areas after a family checks out. Our occupancy impact is based on our matrix, which is 4 Jacob's House rooms x 365 days per year =1460 night maximum total of how many nights we can provide occupancy in a calendar year. In 2020 our service occupancy was reduced to 236 nights based on hospital visitation restrictions. In 2021 our occupancy was 477 nights, an increase of 102% in services provided. In 2022 our goal is 500 nights of occupancy; however, we have reached 500 as of this writing with 4 months left in this calendar year due to increase needs and knowledge of resources in Temecula. As previously mentioned, we are open to families who need us, and in doing so we have adopted strategic mitigating operational plans, and precautions to protect our guests, who are facing critical medical challenges of their own. Even as we absorb these extra operational costs due to COVID-19, for everyone's protection, we are still able to safely provide lodging at the higher expected rate of occupancy. By working with our national association, the Healthcare Hospitality Network, representing healthcare hospitality homes, like Jacob's House, and also surveying our 7 Valley hospitals, we have had to readjust our goals to include a 46% increase from last year's service numbers of 700 nights of lodging. The safety of the families we serve, and the safety of our staff, is at the forefront of everything we do and every decision we make regardless of increased costs. It is our priority to meet the needs of the families who depend on us by providing a safe, clean and welcoming home-away-from-home.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 193,000	
Other grants or funding already awarded for Project/Program, if any	\$ 14,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 1931	
<b>TOTAL REVENUE</b>	<b>\$ 257,000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		<b>\$1,850</b>
Facilities/Rent/Insurance		<b>\$3,700</b>
Supplies		<b>\$5,000</b>
Marketing		<b>\$6,400</b>
Services		<b>\$31,000</b>
Food		<b>0</b>
Other		<b>\$48,725</b>
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	<b>\$101,585</b>
<b>TOTAL EXPENSES</b>		<b>\$198,260</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$58,811</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022  
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** Jacob's House Inc. **Name of Project/Program:** \_\_\_\_\_

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** \$ \_\_\_\_\_ **Month & Year CSF Grant Received from City:** \_\_\_\_\_

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			\$	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

## FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT

**If your organization is awarded a Community Service Funding Grant in FY 2021-2022 by the City of Temecula, then this information is not due until Monday, September 12, 2022**

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds are not spent in accordance with the approved purpose stated on the Application, the organization will be required to refund the amount of funds. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: Monday, September 12, 2022.**

### EXPENDITURE REPORT due on or before Monday, September 12, 2022

1. Provide the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this program (approximate number of beneficiaries if you don't have a precise number);
2. Fill out this table (include additional copies if needed to explain all expenditures)
3. Attach Receipts/Invoices (in the same order as listed in this table)
4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office



**Organization: Name of Project/Program: JACOB'S HOUSE INC.**

**Number of Temecula Residents Served/Engaged: 37**

**Amount of Grant Fund Awarded: \$ Month + Year Grant Received from City: \$5000 2021-22**

	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2021 - June 30, 2022</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure  <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents if names/addresses of Temecula beneficiaries are available, please attach.
1	Temecula Chamber of Commerce	Paid 12/1/2021	\$300	Membership provides the residents of Temecula the opportunity to represent JH, leverage relationships, receive in-kind services and donations	It allows us to inform and engage the community in a well respected platform
2	NAIC-Philadelphia Ins. Co.	Paid 12/1/2021	\$2766	Up to date insurance protects the agency, Temecula resident volunteers and guests	This provides Temecula residents who volunteer that we have the appropriate coverage to operate safely

3	GotJunk?	Paid 12/13/2021	\$459	Keeping the JH property safe, clean & provide emotional renewal for guests	Keeping the JH property safe, clean & provide emotional renewal for guests
4	Nonprofit Software Corp	Paid 1/4/2021	\$440	Membership fee database management of guest services	It provides transparency, making it easier for agencies, residents and/or supporters can determine data usage
5	Healthcare Hospitality Network	Paid 11/5/2021	\$600	Membership fees to our national organization	Assures residents, donors that we follow national guidelines and are certified by the agency representing healthcare hospitality homes
6	First Team Printing	Paid 5/2/2022	\$492	JH Brochures	To inform, engage our community about JH services
7					
<b>EXPENDITURE TOTAL: \$5057 (grant awarded \$5000)</b>					
Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City					

### SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit. • Awards will be given to organizations and activities that directly benefit the residents of Temecula. • Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation. • The recognition for Community Service Funding should accrue to the City of Temecula. • Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement. • If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**We hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME: JACOB'S HOUSE INC.**

**MAILING ADDRESS: 31525 JEDEDIAH SMITH ROAD TEMECULA, CA 92592**

**PHONE: (951) 452-2627 EMAIL: MARTIN@JACOBSHOUSETEMECULA.ORG**

**PRESIDENT / AUTHORIZED OFFICER: MARTIN BARRERA-MARTINEZ EXECUTIVE DIRECTOR**

**SIGNATURE: M3n DATE: 5/25/2022**

**IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_**  
Print Name Title

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 13, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**

If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____		Name of Project/Program: _____			
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____		Month & Year FIRST \$5,000 check was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Jacob's House Inc.

**MAILING ADDRESS:** 31525 Jedediah Smith Road  
Temecula, CA 92592

**PHONE:** (951) 452-2627

**EMAIL:** martin@jacobshousetemecula.org

**PRESIDENT / AUTHORIZED OFFICER:** Martin Barrera-Martinez Executive Director

PRINT NAME TITLE

**SIGNATURE:**  **DATE:** Aug. 25, 2022

MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** MARTIN BARRERA-MARTINEZ EXEC. DIR.

PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date NOV 03 2008

JACOB'S HOUSE, INC.  
C/O MARTIN A WEISS  
ONE BETTERWORLD CIRCLE, SUITE 300  
TEMPERULA, CA 92590

Employer Identification Number:  
26-1183832  
DLN:  
17053106310008  
Contact Person:  
JOANNA YAWNEY ID# 95078  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
August 16, 2007  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**JACOB'S HOUSE, INC.**

**26-1183832**

Name and title of officer  
**SHAWN NELSON**  
**PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>195,994.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **PRUDHOMME ASSOCIATES CPAS, INC.**

ERO firm name

to enter my PIN **26118**

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 6-30-17

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**30750912345**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 6-30-17

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

## Entity Status Letter

Date: 1/21/2020

ESL ID: 5284048908

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3013750

Entity Name: JACOB'S HOUSE, INC.

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.

The above information does not necessarily reflect:

- The entity's status with any other agency of the State of California or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity did business in California at a time when it was not qualified or not registered to do business in California:
  - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
  - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916.845.6500 from outside the United States  
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

# Return of Organization Exempt From Income Tax

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

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

2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning **2021**, and ending **2021**

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> JACOB'S HOUSE, INC. 31525 JEDEDIAH SMITH RD TEMECULA, CA 92592	<b>D</b> Employer identification number 26-1183832
<input type="checkbox"/> Name change		<b>E</b> Telephone number (951) 458-8681
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$ 389,396.
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/> Application pending		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. See instructions.</small>

**F** Name and address of principal officer: SHAWN NELSON  
SAME AS C ABOVE

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.JACOBSHOUSEDTEMECULA.ORG

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

**L** Year of formation: 2007 **M** State of legal domicile: CA

Part I Summary			
1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	2
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	6
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	50
			0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	8
	9	Program service revenue (Part VIII, line 2g)	8
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,265.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	548,737.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	328,880.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,129.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	85,361.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,396.	108,576.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	92,013.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	191,705.
19	Revenue less expenses. Subtract line 18 from line 12	357,032.	
			151,506.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	739,635.
	21	Total liabilities (Part X, line 26)	891,141.
	22	Net assets or fund balances. Subtract line 21 from line 20	0.

**Part II Signature Block**

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

**Sign Here**

Signature of officer: MARTIN BARRERA-MARTINEZ Date: \_\_\_\_\_  
Type or print name and title: EXECUTIVE DIRECTOR

**Paid Preparer Use Only**

Print/Type preparer's name: JODY D. NOTTINGHAM, CPA Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firm's name: NOTTINGHAM & ASSOCIATES Check  if self-employed PTIN: P00168412  
Firm's address: 43460 RIDGE PARK DR, STE 240 Firm's EIN: 20-2082681  
TEMECULA, CA 92590 Phone no.: 951-296-1698

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

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**26**

**JDS CREATIVE ACADEMY**

**CITY OF TEMECULA**  
**FISCAL YEAR 2022 - 2023**  
**COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA**  
**PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 48,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: DigiFest Temecula 2023 Start Date: 10/1/2022 End Date: 09/30/2023

Physical Address of Project/Program: 28069 Diaz Road, Suite D, E, & F, Temecula CA 92590

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: JDS Creative Academy

Mailing Address: 39870 Camden Court

Temecula, CA 92591

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: JDS Creative Academy Year Founded: 2014

Website: jdscreativeacademy.org/digifesttemecula.org Social Media: @DigiFestTemecula

Number of Paid Staff: 11 Number of Volunteers: 50

Geographic Area(s) the Organization Serves: City of Temecula, Southwest Riverside County, Riverside County

Geographic Area(s) the Project/Program Serves: City of Temecula, Southwest Riverside County, Riverside County

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Diane Strand Title/Position: Executive Director

Contact Person's Direct Telephone: (951) 296-6715 Contact Person's Email: diane@jdscreativeacademy.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 2014

No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 46-5293183 State Identification Number: 3782660

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1.  Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2.  Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
3.  Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>



### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The mission of JDSCA is to advance education and training in the visual, performing, and digital arts: theatre, music, creative writing, fine art and digital-production art. JDSCA classes and programs fulfill the VAPA requirements, per the California Education Standard for K-12, the Apprenticeships Standards for the State of California and the Title-17 training standards for Inland Regional, providing hands-on training to the home school, online school, traditional school, and trade school populations. JDSCA provides opportunities to gain creative enrichment, self-confidence, leadership, and collaborative skills so that our students can obtain the expertise needed to advance to higher arts education and prosper in a competitive marketplace.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
DigiFest Temecula	\$ In-Kind		Economic Development Funding for Special Events
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 2,500 / year	Abbott	Jan. 2021 and Jan. 2022
\$ 500 / year	Ranch RV and Self Storage	Jan. 2021 and Jan. 2022
\$ 500 / year	Cal State University San Marcos	Jan. 2021 and Jan. 2022
\$ 1,500 / year	Mt. San Jacinto College	Jan. 2021 and Jan. 2022
\$ 1,500 / year	United Health Services	Jan. 2021 and Jan. 2022
\$ 500 / year	DCH	Jan. 2021 and Jan. 2022
\$ In-Kind	JDS Video & Media, Rosenstein and Associates, Starway Productions, Economic Development Coalition	Jan. 2021 and Jan. 2022
\$ In-Kind	KATY, The Vine, Temecula Valley Chamber of Commerce, Visit Temecula, Oak Grove Culinary Creations.	Jan. 2021 and Jan. 2022

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

JDS Creative Academy (JDSCA) will use the Temecula grant to enhance support DigiFest Temecula, the organization's annual digital-media festival, conference, and fundraising event, now in its seventh year. DigiFest Temecula is JDS Creative Academy's reinvention of the Temecula Valley International Film and Musical Festival which closed in 2014. DigiFest Temecula is an annual three-day event celebrating all forms of digital media including, but not limited to, photography, video games, short film and videos, music, music videos, animation, graphic design, websites, and digital art.

The event promotes networking, appreciation, knowledge, training and recognition opportunities for students, amateurs, and professionals while continuing to be accessible to all with nominal admission and competition fees.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

JDS Creative Academy will spend the grant funding on supporting the procurement of high-level speakers as well as bolstering the organization's marketing and advertising efforts. The organization will use the funds to support DigiFest Temecula speaker honorariums, travel, and hotel accommodations. JDS Creative Academy will also use the grant funds to purchase social media ads, Google ads, television commercial air time, and billboards to more effectively inform those in Southern California about DigiFest Temecula and draw more attendees to the City of Temecula. Additionally, JDS Creative Academy will also put a portion of grant funding towards new equipment such as a lighting control board, a camera, and LED lights which will further improve DigiFest Temecula event experiences.

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The grant funding specifically benefits all Temecula residents through the DigiFest Temecula event. The event will bring in tourism which drives revenue to Temecula hotels, eateries, and businesses as well as bringing in additional tax dollars which will indirectly benefit the entire community of the City of Temecula. Temecula students have historically been the population which has benefitted the most from DigiFest Temecula since the event gives students the opportunity to gain industry recognition as well as build up a professional network within the industry, all without having to leave the city of Temecula.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	111,985 people
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	50 volunteers

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Grant funds will elevate DigiFest Temecula, assisting with marketing, advertising, equipment, and speaker costs. Residents of Temecula benefit by having the arts highlighted and the city gaining additional tax revenue. TVUSD students benefit from community service work, learning opportunities, and award recognition. Temecula businesses by volunteering and contributing resources opportunities.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

In 2020 and 2021, due to the COVID-19 pandemic, JDS Creative Academy was unable to host an in-person DigiFest Temecula. The organization shortened the event to a virtual, one-day DigiDay event in 2020 which caused the organization to miss out on one of its largest fundraising events, as well as lose money from event deposits. In 2021, the organization returned to its three-day format and prepared a virtual event due to the pandemic still being in effect. The event still had a lower number of attendees compared to pre-pandemic years. This past year, DigiFest Temecula 2022, still was unable to completely recover from the effects of the COVID-19 pandemic seeing a lower rate of in-person attendance in all aspects including speakers, screenings, and the awards banquet. The pandemic has severely impacted JDS Creative Academy's ability to bring networking and professional development opportunities to the Temecula community. JDS Creative Academy hopes that the funding will bring back in-person attendance which we expect to surpass the highest attendance numbers seen in the past.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The grant funds will be used to expand on JDS Creative Academy's efforts to bring high-level speakers to DigiFest Temecula, as well as expand on the organization's marketing and advertising efforts for the event. The organization aims to use DigiFest Temecula as a chance to bring tourism and digital-media industry exposure opportunities to the City of Temecula. JDS Creative Academy expects the funding will expand in-person attendance.

**PROJECT/PROGRAM BUDGET (do not fill in shaded areas)**

<b>LINE ITEMS FOR PROJECT/PROGRAM</b>		<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 48,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 51,250	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 25,000	
<b>TOTAL REVENUE</b>		<b>\$ 124,250</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>			
Tools/Equipment			\$ 18,000
Facilities/Rent/Insurance			\$ 10,000
Supplies			\$ 2,000
Marketing			\$ 15,000
Services			\$ 2,000
Food			\$ 2,500
Other			\$ 15,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 41,250
<b>TOTAL EXPENSES</b>			<b>\$ 105,750</b>
<b>TOTAL BUDGET</b>		<b>\$ 124,250</b>	<b>\$ 105,750</b>

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: JDS Creative Academy

MAILING ADDRESS: 39870 Camden Court  
Temecula, CA 92591

PHONE: (951) 296-6715

EMAIL: diane@jdscreativeacademy.org

PRESIDENT / AUTHORIZED OFFICER: Diane Strand Executive Director  
PRINT NAME TITLE

SIGNATURE:  DATE: 09/12/2022  
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: Diane Strand Executive Director  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/12/2022

ESL ID: 6732335723

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3782660

Entity Name: JDS CREATIVE ACADEMY

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 29 2014**

JDS CREATIVE ACADEMY  
39870 CAMDEN CT  
TEMECULA, CA 92591

Employer Identification Number:  
46-5293183  
DLN:  
17053122345034  
Contact Person:  
JASON T SAMMONS ID# 31616  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
April 11, 2014  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations



**Return of Organization Exempt From Income Tax**

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 2021, **and ending** 2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization JDS CREATIVE ACADEMY  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
39870 CAMDEN COURT  
 City or town, state or province, country, and ZIP or foreign postal code  
TEMECULA, CA 92591

**D** Employer identification number  
46-5293183

**E** Telephone number  
(951) 296-6715

**G** Gross receipts \$ 1,189,494.

**F** Name and address of principal officer:  
DIANE STRAND, 39870 CAMDEN COURT, TEMECULA, CA 92591

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

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

**L** Year of formation: 2015 **M** State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE EDUCATION AND TRAINING IN THE VISUAL, DIGITAL, AND PERFORMING ARTS FOR AT RISK AND FOSTER YOUTH, DEVELOPMENTAL DISABILITIES, AUTISM, ADULTS, HOME SCHOOL, AND MAINSTREAM POPULATIONS THROUGHOUT THE REGION AND THE LOCAL COMMUNITY. WE ARE A TITLE 17 VENDOR WITH INLAND REGIONAL CENTER.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) . . . . .	<b>5</b>	<b>26</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>50</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>7.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<u>28,639.</u>	<u>229,135.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<u>938,605.</u>	<u>960,352.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<u>6.</u>	<u>7.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>967,250.</u>	<u>1,189,494.</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<u>6,750.</u>	<u>23.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>562,349.</u>	<u>578,843.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a) . . . . .		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>68,118.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<u>438,145.</u>	<u>528,345.</u>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<u>1,007,244.</u>	<u>1,107,211.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<u>-39,994.</u>	<u>82,283.</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	<u>218,830.</u>	<u>194,164.</u>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<u>116,002.</u>	<u>9,053.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<u>102,828.</u>	<u>185,111.</u>

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

**Sign Here** Signature of officer DIANE STRAND, PRESIDENT Date 08/04/2022  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name MICHAEL E GREENBERG Preparer's signature MICHAEL E GREENBERG Date \_\_\_\_\_ Check  if self-employed PTIN P00200027  
 Firm's name ▶ MICHAEL E. GREENBERG CPA, INC. Firm's EIN ▶ 46-4574678  
 Firm's address ▶ 43015 BLACKDEER LOOP #102, TEMECULA, CA 92590 Phone no. (951) 235-6255

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

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**27**

**LIVE CARE FOUNDATION INC.**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 (or as available) MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Temecula Valley Support Project Start Date: Q3-2022 End Date: TBD

Physical Address of Project/Program: 43460 Ridge Park Drive, Suite 200-S, Temecula, CA 92590  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Live Care Foundation, Inc.

Mailing Address: 43460 Ridge Park Drive, Suite 200-S,  
Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Live Care Foundation, Inc. Year Founded: \_\_\_\_\_

Website: https://LiveCareGrants.org/ Social Media: N/A

Number of Paid Staff: 0 Number of Volunteers: Ranges (1-5)

Geographic Area(s) the Organization Serves: Mostly Southern California (but can serve broadly)

Geographic Area(s) the Project/Program Serves: Temecula Valley (or wider if there is a tie to Temecula)

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.

Contact Name: Greg Di Cristina Title/Position: Executive Director

Contact Person's Direct Telephone: 951-541-0414 Contact Person's Email: Greg@LiveCareGrants.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 12/21/2018  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 32-0587960 State Identification Number: 4221321

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Live Care Foundation exists to serve our senior community, disabled persons and veterans with care needs.

By extension we are also able to help families of our served community who are often bearing the brunt of out-of-pocket cash support for their loved ones' assisted care needs. We offer several options to ease the overall financial responsibilities, and help to assess which options are available and best suited to family needs.

Assisted care costs are high and are expected to rise significantly as providers, facilities, and caregivers race to keep up with demand and inflationary costs. Live Care Foundation helps reduce these burdens.

We are neither a facility nor a care provider. Instead, we work with certified, licensed, and insured care providers. We do not make grants to individuals, but, instead, support our care-receiving clients by working directly with their care providers to help ease the out-of-pockets costs associated with care delivery.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The **Temecula Valley Support Project** will benefit seniors, disabled persons and veterans with care needs who are based in or around the City of Temecula. Grant support to their care providers directly benefits and addresses the needs of their Temecula-based clientele.

The project will also provide relief for Temecula-based families of individuals requiring care in instances where the families are burdened with providing monetary support for the care of their loved ones.

Live Care Foundation does not make grants directly to individuals per its IRS-approved bylaws and mission disclosures. Instead, we work with the licensed, certified care organizations to provide the grant support that will directly reduce out-of-pocket costs for Temecula's care recipients and their families.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

**Live Care Foundation makes small, targeted and limited grants to licensed and certified assisted care providers.**

These grants are intended to subsidize the cost of care for Temecula seniors, disabled persons and veterans as well as Temecula-based families who are bearing the costs of providing assisted care services for their loved ones.

The organization receives requests for grant assistance, and then conducts an assessment and eligibility evaluation to determine if grant support is warranted. The assessment includes an evaluation of the care provider or facility to ensure State, County and City compliance for delivering assisted care services.

Assisted Care Grants are typically awarded in small increments which range but usually don't exceed \$500 monthly, and are awarded with 3-6 month minimum support periods. Applicants may reapply for support, but if demand exceeds our budget capabilities then awards are allocated equally among eligible applicants based on need-based criteria and size of applicant pool.

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

The **Temecula Valley Support Project** will be limited to Temecula-based seniors, disabled persons and veterans with care needs as well as the Temecula-based families of individuals with care needs in cases where the families are tasked with providing monetary support for their loved ones' care services.

In all cases, applicants must provide and prove preexisting care support services, and may also be asked to provide proof of prior monetary payments to service and care providers.

First time care support cases may also apply, but the burden of proving needs may also include financial statement review and need-based eligibility requirements.

There are nearly a dozen in-home care providers that serve scores of Temecula area residents.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	25 - 50 care recipients 50-100 family members
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	1-2

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

The Temecula Valley Support Project provides support to Temecula-based seniors, disabled persons and veterans with care needs as well as the cost-bearing, Temecula-based families of individuals with care needs.

We make grants available to the care providers who provide assisted care services to this community.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

During the brunt of the C-19 pandemic Live Care Foundation's fundraising efforts and results were curtailed owing to regular business disruption across the spectrum of fundraising sources.

At the same time, the demand for support spiked and as a result our organization's resources were rapidly depleted, a situation which continues to this day. One of our care support programs provides assistance with burial and funeral costs on needs-based eligibility cases. We were unprepared for the spike in requests for this type of support, and is the most direct impact that C-19 had on Live Care.

Currently, we are working to secure more sources of financial support, but, predictably, so are many other charitable organizations who experienced similar situations and conditions.

Competition for scarce grant resources is at a high, and we would be very grateful for any amount of support the City of Temecula may provide.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

City of Temecula funding will be used exclusively for the **new Temecula Valley Support Project**.

This project will limit its support to Temecula-based seniors, disabled persons and veterans with care needs as well as Temecula-based families who currently provide monetary support for their loved ones with assisted care needs. To clarify, while this population are the ultimate beneficiaries of Live Care Foundation support, they are not the direct grantees. Grants are exclusively issued to certified and licensed care-giving organizations. The grants are made on behalf of the intended beneficiaries in order to reduce the amount of direct cost billed to the recipient or his/her family.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$50,000 (or (any available)	
Amount contributed to the Project/Program by the Applicant Organization	\$ 5,000	
Other grants or funding already awarded for Project/Program, if any	\$ N/A	
In-Kind match amount or volunteer credit hours estimated amount	\$ 25,000	
<b>TOTAL REVENUE</b>	<b>\$80,000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 0
Facilities/Rent/Insurance		\$ 2,500
Supplies		\$
Marketing		\$ 1,500
Services		\$ 1,000
Food		\$ 0
Other		\$ 50,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 0
<b>TOTAL EXPENSES</b>		<b>\$ 55,000</b>
<b>TOTAL BUDGET</b>	<b>\$55,000</b>	<b>\$ 55,000</b>



**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

**\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.**

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization:   N/A   Name of Project/Program:   N/A  

FY 2021-2022 Amount of CSF Grant Fund Awarded:   \$ N/A   Month & Year CSF Grant Received from City:   N/A  

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):   N/A  

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**  
**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Live Care Foundation, Inc.</u>			Name of Project/Program: <u>Temecula Valley Support Project</u>		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Live Care Foundation, Inc.

**MAILING ADDRESS:** 43460 Ridge Park Dr., Suite 200-S  
Temecula, CA 92590

**PHONE:** (951) 541-0414

**EMAIL:** Greg@LiveCareGrants.org

**PRESIDENT / AUTHORIZED OFFICER:** Greg Di Cristina Executive Director

**SIGNATURE:**  **DATE:** 7/2/2002

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** \_\_\_\_\_

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



## Entity Status Letter

Date: 7/2/2022

ESL ID: 4339927033

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 4221321

Entity Name: LIVE CARE FOUNDATION, INC.

1. The entity is in good standing with the Franchise Tax Board.
2. The entity is **not** in good standing with the Franchise Tax Board.
3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
4. We do not have current information about the entity.
5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 14 2019

LIVE CARE FOUNDATION INC  
C/O GREGORY DI CRISTINA  
32863 LEVI CT  
TEMECULA, CA 92592-1482

Employer Identification Number:  
32-0587960  
DLN:  
17053060302029  
Contact Person:  
LISA A RONAN ID# 17305  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
December 21, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

LIVE CARE FOUNDATION INC

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements

- [FinalLetter\\_32-0587960\\_LIVECAREFOUNDATIONINC\\_02252019\\_01.tif](#)

## Publication 78 Data ⓘ

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

## Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

### > Tax Year 2021 Form 990-N (e-Postcard)

<b>Tax Period:</b> 2021 (01/01/2021 - 12/31/2021)	<b>Gross receipts not greater than:</b> \$50,000
<b>EIN:</b> 32-0587960	<b>Organization has terminated:</b> No
<b>Legal Name (Doing Business as):</b> Live Care Foundation Inc	<b>Website URL:</b> Renewable Home Foundation Inc
<b>Mailing Address:</b> 43460 Ridge Park Dr Suite 200S Temecula, CA 92590 United States	<b>Principal Officer's Name and Address:</b> Greg DiCristina 43460 Ridge Park Dr Suite 200S Temecula, CA 92590 United States

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**28**

**MAKE-A-WISH  
ORANGE COUNTY  
INLAND EMPIRE INC.**



**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 20,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Wish Granting in the City of Temecula Start Date: 9/1/22 End Date: 8/31/23

Physical Address of Project/Program: \_\_\_\_\_  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Make-A-Wish Orange County and the Inland Empire

Mailing Address: 3230 El Camino Real STE 100  
Irvine, CA 92602

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Make-A-Wish OCIE Year Founded: 1983

Website: wish.ocie.org Social Media: https://www.facebook.com/MakeAWishOCIE

Number of Paid Staff: 21 Number of Volunteers: 550

Geographic Area(s) the Organization Serves: Riverside, San Bernardino and Orange Counties

Geographic Area(s) the Project/Program Serves: City of Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Gloria Jetter Crockett Title/Position: President and CEO

Contact Person's Direct Telephone: (714) 573-9474 X 214 Contact Person's Email: gcrockett@ocie.wish.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 1983  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0036556 State Identification Number: 8315236986

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Our mission is to grant life-changing wishes for children with critical illnesses between the ages of 2 ½ -18 in Riverside, San Bernardino and Orange counties.

Currently there are 528 local children with critical illnesses waiting for their wishes to be granted. These children need the strength to fight against their illness, and Make-A-Wish is committed to ensuring no child waits one unnecessary day for their wish to be granted.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

\*No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

\*All unrestricted funds raised by Make-A-Wish OCIE goes to support wish granting in all 3 counties. Funds from this community service grant will be used to grant wishes in the City of Temecula.

**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

Make-A-Wish OCIE is committed to further expanding its wish granting capacity in Riverside and San Bernardino counties. Funding for this project will allow us to reduce the number of children waiting for their wish by granting wishes in the City of Temecula.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funding will be used to fund expenses directly associated with granting the waiting wishes of Temecula wish children.

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

Currently there are 9 local Temecula children with critical illnesses waiting for their wishes to be granted.

Funding for this project will allow us to grant a minimum of 2 wishes for children in the City of Temecula

<b>3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:</b>	<b>27</b>
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<b>3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:</b>	<b>18</b>
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**PROJECT/PROGRAM DESCRIPTION**  
***CONTINUED***

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

Currently there are 9 local Temecula children with critical illnesses waiting for their wishes to be granted. These funds will allow Make-A-Wish to grant a minimum of 2 wishes in Temecula and reduce the number of children with critical illnesses waiting for their wishes to be granted.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

Over the past two years, our wish granting program has been significantly impacted by COVID-19, as over 70% of the wishes we grant involve some form of public transportation and/or large gatherings. Given the health concerns for our immuno-compromised families, many wishes were put on hold during the pandemic.

With many travel wishes, which generate some of the largest annual expenses for the organization, on hold during 2020-2021 and a portion of 2022, our overall wish expenses decreased significantly, and ultimately led to a temporary reduction in our functional program ratio. In order for us to continue our mission and maximize our community impact, our chapter reduced its fundraising costs and was also able to receive Paycheck Protection program (PPP) loan forgiveness.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Make-A-Wish OCIE is in the midst of a 5-year Strategic Plan (FY21-FY25). As part of this effort, Make-A-Wish has plans to grant 450 wishes per year by 2025 and is committed to ensuring no child in the City of Temecula waits one unnecessary day for their wish to be granted.

This effort will require significant funding, and Make-A-Wish is committed to raising significant funds through a diverse series of events across our three counties, enhanced youth fundraising efforts with local schools, and establishing key relationships with local companies and organizations to provide critical funds and in-kind resources to help maximize our wish granting efforts.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$20,000	
Amount contributed to the Project/Program by the Applicant Organization	\$50,000	
Other grants or funding already awarded for Project/Program, if any	\$0	
In-Kind match amount or volunteer credit hours estimated amount	\$20,000	
<b>TOTAL REVENUE</b>	<b>\$90,000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$
Supplies		\$
Marketing		\$
Services		\$
Food		
Other Direct wish expenses		\$90,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$
<b>TOTAL EXPENSES</b>		<b>\$</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$90,000</b>

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Make-A-Wish Orange County and the Inland Empire

**MAILING ADDRESS:** 3230 El Camino Real Ste 100  
Irvine, CA 92602

**PHONE:** (714) 573-9474

**EMAIL:** cmorales@ocie.wish.org

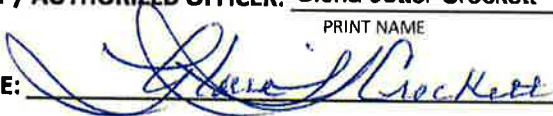
**PRESIDENT / AUTHORIZED OFFICER:** Gloria Jetter Crockett

President and CEO

PRINT NAME

TITLE

**SIGNATURE:**



**DATE:**

9/9/2022

MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,

**APPLICATION PREPARED BY:** Clarissa Morales

Development Manager

PRINT NAME

TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959

Internal Revenue Service  
District Director

Department of the Treasury

RECEIVED NOV 2 1984

Date:

NOV 01 1984

Employer Identification Number:

33-0036556

Accounting Period Ending:

December 31

Form 990 Required:  Yes  No

Person to Contact:

L. Bakion (RH)

Contact Telephone Number:

(213) 688-4889

▷ Make-A-Wish Foundation of Orange  
County, Inc.  
833 Dover Drive  
Newport Beach, CA 92663

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

(over)

P.O. Box 2350, Los Angeles, CA 90053

Letter 947(DO) (Rev. 10-83)



You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

  
District Director



## Entity Status Letter

Date: 9/8/2022

ESL ID: 5438109377

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1169838

Entity Name: MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

**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

**2019**

Open to Public Inspection

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

**A For the 2019 calendar year, or tax year beginning** SEP 1, 2019 **and ending** AUG 31, 2020

<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 MAKE-A-WISH FOUNDATION OF ORANGE COUNTY AND THE INLAND EMPIRE, INC.	<b>D</b> Employer identification number 33-0036556
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3230 EL CAMINO REAL 100	<b>E</b> Telephone number 714-573-9474
	City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92602	<b>G</b> Gross receipts \$ 5,213,481.
<b>F</b> Name and address of principal officer: GLORIA JETTER CROCKETT SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>J</b> Website: OClE.WISH.ORG		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1983
		<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	35
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	700
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,224,901.	3,763,197.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	188,400.	79,921.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,868.	106,133.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-24,807.	-49,856.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,518,362.	3,899,395.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	2,259,595.	1,309,159.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,780,039.	1,558,555.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,000,516.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,038,465.	1,101,654.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,078,099.	3,969,368.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	-559,737.	-69,973.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
		2,904,150.	2,775,036.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	852,303.	740,115.
	2,051,847.	2,034,921.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	GLORIA JETTER CROCKETT, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CHRISTINE KAWECKI	Preparer's signature <i>Christine Kaweck</i>	Date 06/22/2021	Check if self-employed <input type="checkbox"/>	PTIN P00743140
	Firm's name DELOITTE TAX LLP	Firm's address TWO JERICHO PLAZA JERICHO, NY 11753	Firm's EIN 86-1065772	Phone no. 516-918-7000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\***

**FOR THE YEAR ENDING**

**AUGUST 31, 2020**

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**PREPARED FOR:**

MAKE-A-WISH FOUNDATION OF ORANGE COUNTY  
AND THE INLAND EMPIRE, INC.  
3230 EL CAMINO REAL NO. 100  
IRVINE, CA 92602

---

**PREPARED BY:**

DELOITTE TAX LLP  
TWO JERICO PLAZA  
JERICO, NY 11753

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**29**

**MICHELLE'S PLACE  
CANCER RESOURCE CENTER**

**CITY OF TEMECULA**  
**FISCAL YEAR 2022 - 2023**  
**COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA**  
**PROGRAM APPLICATION**  
*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Cancer Support Services Start Date: 12/22 End Date: 12/23

Physical Address of Project/Program: 41669 Winchester Rd. Temecula, CA 92590  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Michelle's Place Cancer Resource Center

Mailing Address: 41669 Winchester Rd  
Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Michelle's Place Cancer  
Organization: Resource Center  Year Founded: 2001

Website: www.michellesplace.org Social Media: @pinkribbonmp

Number of Paid Staff: 10 Number of Volunteers: 121

Geographic Area(s) the Organization Serves: Riverside County, North San Diego County

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Kim Gerrish Title/Position: Executive Director

Contact Person's Direct Telephone: 951-699-5455 Contact Person's Email: kim@michellesplace.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 2001  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0951216 State Identification Number: 2267780

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Empowering individuals and families impacted by cancer through education and support services.  
Michelle's Place is a full service cancer resource center providing free resources for families dealing with cancer.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Pink Ribbon Asst. Program	\$ 2,000	6/1/20	CMD CSF
Cancer Support Services	\$ 5,000	1/29/21	CSF
Cancer Support Services	\$ 5,000	1/2022	CSF
Purple Ribbon Assistance	\$ 1,000	6/2022	CMD CSF
Purple Ribbon Assistance	\$ 1,000	6/2022	CMD CSF
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 10,000	Riverside County Transportation Commission	7/22
\$ 10,000	CDBG - Murrieta	12/21
\$ 10,000	CDBG - Menifee	6/22
\$ 5,000	San Manuel Band of Mission Indians	9/22
\$ 10,000	Inland Empire Community Foundation	7/21
\$ 25,000	Stater Bros. Charities	4/21
\$ 24,500	Kaiser Permanente	12/21
\$ 45,000	Inland Empire Health Plan	1/22



**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

The cancer support services program provides free resources for cancer patients, education on prevention and early detection, patient navigation, temporary financial assistance, transportation to medical appointments, and support to families dealing with cancer. Michelle's Place hosts 23 different programs and support groups over 50 times a month for cancer patients and their families.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

The Center currently relies on donated items for the cooking program, art expression and husbands hangout groups. Funding through this grant will enable Michelle's Place to purchase supplies for these classes and allow for more attendees. They will also be used to purchase items for the chemo kits and mastectomy kits. Funds will also be used to provide temporary financial assistance to people in active cancer treatment that are struggling to feed their families. Funds will also be used to provide transportation to medical appointments, fund MRI's and lymphedema supplies not covered by insurance. Funding will support a

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

Michelle's Place is the only cancer resource center in the County and is located in the City of Temecula. Residents can access the Center and receive a variety of support Monday through Friday. From July 2021 to June 30, 2022, Michelle's Place helped 318 Temecula cancer patients with 2,126 free services.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	425
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	121

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

The Temecula Community Service Funding - Reinvestment in Temecula grant will provide over 400 Temecula residents and their families facing cancer with navigation, psychosocial support, temporary financial assistance, transportation, and education on early detection and prevention. No one will face cancer alone in Temecula.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

The Covid-19 pandemic limited Michelle's Place ability to serve Temecula because of the many restrictions. Cancer patients could not access support groups or classes during the pandemic, leaving them feeling less supported. Michelle's Place implemented zoom for many classes and groups to reach more of those affected.

During the Pandemic, many cancer patients struggled financially. The need for financial resources was significant. The increased need added a financial burden to Michelle's Place. Transportation to medical appointments also became a huge need but was unavailable due to the restrictions on the transportation company. Today, the cost of fuel has created new restrictions on the program. We are only

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Funding will expand the current programs for Temecula residents at Michelle's Place. We will be able to provide more transportation, have more people in classes and programs, ensure families get financial assistance and we will be able to highlight the programs and groups available in the Center through a new Program Calendar. This funding will enhance the program experience as well as serve all who need help while going through cancer in Temecula.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 23,000	
Other grants or funding already awarded for Project/Program, if any San Manuel Tribe of Mission Indians IECF HUD - Food Insecurity RCTC IEHP	\$ 26,600	
In-Kind match amount or volunteer credit hours estimated amount	\$ 12,000	
<b>TOTAL REVENUE</b>	<b>\$ 111,600</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment	Michelle's Place Program Calendar	\$3,125
Facilities/Rent/Insurance		\$
Supplies	Chemo kits - 159 x \$75 = 11,925 Transport Art Supplies - \$500 per month (24 clients)	\$17,925
Marketing	Printing and duplicating, educational materials on cancer related topics.	\$1,125
Services	Transportation - 40 rides x \$125 = 5,000	\$5,000
Food	Grocery gift cards - 30 families x \$350 = 10,500	\$10,500
Other	Mastectomy kits - 25 x \$50 = 1,250 Husbands Hangout - 3 support events x \$250	\$2,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$71,925
<b>TOTAL EXPENSES</b>		<b>\$</b>
<b>TOTAL BUDGET</b>		<b>\$ 111,600</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization: **Michelle's Place Cancer Resource Center**      Name of Project/Program: **Cancer Support Services**

FY 2021-2022 Amount of \$ \_\_\_\_\_

CSF Grant Fund Awarded: \_\_\_\_\_ Month & Year CSF Grant Received from City: \_\_\_\_\_

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**  
**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.

A. If awarded \$5,000. Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

B. If awarded grant funds exceeding \$5,000. A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

2. Attach copies of receipts/invoices (in the same order listed in table below).

3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590,  
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Michelle's Place Cancer Resource Center</u>		Name of Project/Program: <u>Cancer Support Services</u>			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check was received from City: _____			
Amount of Grant Fund Awarded: \$ _____					
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Michelle's Place Cancer Resource Center

MAILING ADDRESS: 41669 Winchester Rd  
Temecula, CA 92590

PHONE: (95) 699-5455  
EMAIL: kim@michellesplace.org

PRESIDENT / AUTHORIZED OFFICER: Kim Gerrish  
PRINT NAME

Executive Director  
TITLE

SIGNATURE: *Kim Gerrish*

DATE: 9/9/2022

MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY:

PRINT NAME

TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 5/29/2020

ESL ID: 1897482817

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2267780

Entity Name: MICHELLE'S PLACE CANCER RESOURCE CENTER

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.

The above information does not necessarily reflect:

- The entity's status with any other agency of the State of California or other government agency.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or the entity did business in California at a time when it was not qualified or not registered to do business in California:
  - The status or voidability of any contracts made in California by the entity at a time when the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
  - For entities revived under R&TC Section 23305b, any time limitations on the revivor or limitation of the functions that can be performed by the entity.

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)

Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays

916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > **Michelles Place Breast Cancer Resource Center**

[< Back to Search Results](#)

# Michelles Place Breast Cancer Resource Center

EIN: 33-0951216 | Temecula, CA, United States

---

[> Other Names](#)

## Publication 78 Data

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

## Copies of Returns (990, 990-EZ, 990-PF, 990-T)

---

Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

[> Tax Year 2020 Form 990](#)

**Organization Name:**

Michelles Place Cancer Resource Center

**EIN:**

33-0951216

**Tax Period:**

202012

**Return ID:**



2657067

**Filing Type:**  
E

**Return Type:**  
990

**Copy of Return:**  
2020 Form 990 Filing

> **Tax Year 2018 Form 990**

> **Tax Year 2016 Form 990**

*Page Last Reviewed or Updated: 20-November-2020*

 **Share**

 **Print**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **2021**

<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> MICHELLE'S PLACE CANCER RESOURCE CENTER 41669 WINCHESTER RD. STE 101 TEMECULA, CA 92590	<b>D</b> Employer identification number 33-0951216
	<b>F</b> Name and address of principal officer: <b>MARILYN R. WATSON</b> SAME AS C ABOVE	<b>E</b> Telephone number 951-699-5455

**G** Gross receipts \$ **1,169,118.**

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included? Yes  No   
If 'No,' attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ▶ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.MICHELLESPACE.ORG**

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2000** **M** State of legal domicile: **CA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **EMPOWERING INDIVIDUALS AND FAMILIES IMPACTED BY CANCER THROUGH EDUCATION AND SUPPORT SERVICES.**

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5
<b>6</b> Total number of volunteers (estimate if necessary)	6
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 25,024.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 24,024.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	576,224.	523,564.
<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,655.	2,834.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9f, 10c, and 11e)	383,255.	403,452.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	962,134.	929,850.

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	473,043.	518,679.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	83,720.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	258,957.	253,924.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	732,000.	772,603.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	230,134.	157,247.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,715,314.	3,813,088.
<b>21</b> Total liabilities (Part X, line 25)	2,352,533.	2,279,188.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,362,781.	1,533,900.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>KIMBERLY GERRISH</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>LESLIE A. DOHERTY, CPA</b>	<b>LESLIE A. DOHERTY, CPA</b>			<b>P00449291</b>
	Firm's name ▶	<b>LESLIE A DOHERTY &amp; COMPANY, PC</b>			
	Firm's address ▶	<b>41880 KALMIA ST STE 170 MURRIETA, CA 92562</b>			
				Firm's EIN ▶	<b>20-2082661</b>
				Phone no.	<b>(951) 698-2260</b>

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

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**30**

**MILIVET**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 10,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: veteran claim assistance Start Date: 11/22 End Date: 11/24

Physical Address of Project/Program: Locations vary - Local Libraries  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: milvet

Mailing Address: 30777 Rancho California Rd # 892521  
Temecula, CA 92589

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Milvet Year Founded: 2016

Website: www.milvet.org Social Media: facebook.com/milvet.org

Number of Paid Staff: 0 Number of Volunteers: 22

Geographic Area(s) the Organization Serves: Temecula + SW Riverside County

Geographic Area(s) the Project/Program Serves: Temecula + SW Riverside County

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Raven Hilden Title/Position: CEO

Contact Person's Direct Telephone: 951-902-9681 Contact Person's Email: ceo@milvet.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 10/30/2016  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 37-1841443 State Identification Number: 3958913

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

milvet is a 501c3 nonprofit founded in 2016 dedicated to connecting the community to resources and providing programs to assist veterans, active military members and their families.

milvet was recently named Nonprofit of the Year by the California State Assembly District 67 for our extensive work in the community.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 10,000	County of Riverside	July 2022
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

The Temecula grant funding will support two of our many programs.

- 1) Veteran claim assistance program - provides assistance with filing for veteran claims, rating increases and survivors benefits.
- 2) Veterans Emergency Fund Program to provide immediate emergency financial support to veterans in need.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funding will help with additional computers, a printer, ink and supplies to support the claim assistance program. We will be able to assist even more veterans & survivors with one-on-one assistance. Milvet will also be able to continue to provide emergency support to veterans who need a hand up with food, gas cards & support while assistance is provided.

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

many of our veterans and survivors reside in the city of Temecula as they commute or retire from the local bases. Our programs help improve the quality of life for veterans as an increase in earned benefits place more spendable income in their possession. Claims are backlogged by the VA and VSO's are scarce in Temecula. The Temecula Vet Center and Murrieta VA refer clients to us. We can assist even more with increased financial support.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

1000+

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

22 core volunteer

community volunteers

**PROJECT/PROGRAM DESCRIPTION  
CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

milvet provides critical support for Temecula's veterans, active duty military, and their families. Programs include our veteran claim assistance program, survivors benefits, and emergency assistance program. We are often referred by the Temecula Vet Center and Temecula VFW, and resource organizations. Additional funding will help us continue support & increase our services.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

The covid-19 pandemic created a massive backlog in veteran benefit claims resulting in many veterans who are at risk of severe poverty & homelessness. Our goal is to proactively reduce disadvantages in a post-covid economy that has made surviving on a fixed income very difficult. Wait times for claims and assistance has increased dramatically while inflation has made new challenges. We help with emergency vehicle repairs, housing payments, gas cards, clothing and food when funds are available.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Funding will enable us to continue our programs including veteran claim assistance support and emergency assistance for those who need it the most. Funding will provide 2 new computers, a printer and much needed supplies as well as the ability to help those who are in emergency situations. Our programs provide critical support while providing resources to address needs to encourage sustainability for those who have served our country.



PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 10,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 40,000	
Other grants or funding already awarded for Project/Program, if any	\$ 10,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 20,000	
<b>TOTAL REVENUE</b>	\$ 80,000	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 12,000
Facilities/Rent/Insurance		\$ 19,000
Supplies		\$ 11,000
Marketing		\$ 1,200
Services		\$ 30,000
Food		
Other		\$ 6,800
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 0
<b>TOTAL EXPENSES</b>		\$
<b>TOTAL BUDGET</b>	\$ 80,000	\$ 80,000

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
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**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Milvet

#892521

MAILING ADDRESS: 30777 Rancho CAL PHONE: (951) 902-9681

Temecula, CA 92589 EMAIL: CEO@milvet.org

PRESIDENT / AUTHORIZED OFFICER: Raven Hilden CEO

PRINT NAME

TITLE

SIGNATURE: Raven Hilden DATE: 9/1/2022

MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_

PRINT NAME

TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
PO Box 2508  
Cincinnati, OH 45201

Date:  
August 20, 2021  
Employer ID number:  
37-1841663  
Form 990 required:  
990, YES  
Person to contact:  
Name: S Lenard  
ID number: 0203196

MILVET  
% RAVEN L HILDEN  
30777 RANCHO CALIFORNIA RD 892521  
TEMECULA, CA 92589

Dear Sir or Madam:

We're responding to your request dated August 16, 2021, about your tax-exempt status.

We issued you a determination letter in December 2016, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations Rulings and Agreements

**Letter 4168 (Rev. 09-2020)**  
Catalog Number 66666G

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **DEC 23 2016**

VALLEY RESOURCE CENTER  
42097 DAHLIA WAY  
TEMECULA, CA 92591-0000

Employer Identification Number:  
37-1841663  
DLN:  
26053756003026  
Contact Person: ID# 31954  
CUSTOMER SERVICE  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
October 28, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

VALLEY RESOURCE CENTER

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper", written in a cursive style.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 8/22/2022

ESL ID: 8590949861

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3958913

Entity Name: MILVET

1. The entity is in good standing with the Franchise Tax Board.
2. The entity is **not** in good standing with the Franchise Tax Board.
3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
4. We do not have current information about the entity.
5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

**Return of Organization Exempt From Income Tax**

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

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

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: MILVET  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 30777 Rancho California Rd 892521  
 City or town, state or province, country, and ZIP or foreign postal code: Temecula, CA 92589

**D** Employer identification number: 37-1841663

**E** Telephone number: 951-384-0110

**F** Group Exemption Number: ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ www.milvet.org

**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. ▶ \$ 134,735

<b>Part I</b>		<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	134,735
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	0
	<b>3</b> Membership dues and assessments	<b>3</b>	0
	<b>4</b> Investment income	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	0
	<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>	0
	<b>b</b> Gross income from fundraising events (not including \$ 0 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>	0
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	134,735	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	6,831
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	4,723
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	25,654
	<b>16</b> Other expenses (describe in Schedule O) <u>See Schedule O, Statement 1</u>	<b>16</b>	97,028
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	134,236	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	499
	<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>	15,000
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	15,499

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**31**

MOTHERHOOD STEPS



**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Rental assistance and financial program Start Date: 01/2023 End Date: 12/2023

Physical Address of Project/Program: 44731 Corte Gutierrez Temecula, CA 92592

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Nikia Ellis

Mailing Address: 44731 Corte Gutierrez  
Temecula, CA 92592

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Motherhood Steps Year Founded: 2021

Website: motherhoodsteps.org Social Media: Motherhood steps

Number of Paid Staff: \_\_\_\_\_ Number of Volunteers: 3

Geographic Area(s) the Organization Serves: Temecula CA

Geographic Area(s) the Project/Program Serves: Temecula CA

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Nikia Ellis Title/Position: President

Contact Person's Direct Telephone: 858-922-5133 Contact Person's Email: motherhoodsteps2021@gmail.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 10/29/2021

No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 87-3493543 State Identification Number: 4805679

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Motherhood Steps is dedicated to assisting families in reaching self sufficiency by providing an array of resources to further enhance stability within communities.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Target	\$ 250	06/08/2022	Gift Card
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

The program will aid in housing attainment and sustainability. We provide necessary assistance to nurture independence an ability to grow and strive in the city of Temecula.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Housing is fundamental in stability and families being able to provide efficiently for their children to grow in safe and nurturing environments. With the funding we will aid in paying the deposit for rentals then assist with rent with guidance of budgeting to make them financially aware of paying rent and other household obligations, so they are still living independently in a safe, clean, and stable environment together as a family.

We will be providing books for fiancial, budgeting and credit class. We also have created a financil assistant power point for our class we will be providing to clients. we will be needing paper, ink, file folders and marketing brochures we also will be marketing on our website.

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

The residents will not have to relocate out of the city and still feel successful knowing they have a place to call home. It is even more stressful having to make such a big move leaving a city you already have roots in or have begun to root. The grant will help give families the relief they need while keeping Temecula thriving with the love and hope of its citizens.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	1-15
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	3

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

If awarded the grant, our organization will aid Temecula families with housing attainment and sustainability to nurture the health and stability of daily living.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Motherhood Steps was born in 2021, still amidst the pandemic. It was painfully evident of the effects of the Temecula citizens. Increasing in rapid numbers, more and more families have begun facing the seriousness of homelessness. We want to fill that need but with tight budgets of other families trying to stay above water themselves, donations have been low only allowing us to serve families with basic needs such as food and diapering needs. With this grant we will be able to relieve much needed recipients of the burden of possibly living on the streets by helping them attain and maintain housing.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Being awarded this grant will give us ample opportunity to assist those in financial hardships associated with housing. Our program is still in its infant stage and with proper funding we can grow into fulfilling our vision of bringing stability within the community. Providing rental assistance coupled with budgeting courses is our approach to guide citizens from homelessness towards a self-sufficient lifestyle.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 0	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 43,200	
<b>TOTAL REVENUE</b>	<b>\$ 95,700</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 0
Facilities/Rent/Insurance		\$ 0
Supplies		\$ 1,036
Marketing		\$ 417
Services		\$ 48,547
Food		0
Other		\$ 0
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 0
<b>TOTAL EXPENSES</b>		<b>\$ 50,000</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$ 50,000</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

**\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.**

If your organization was awarded a Community Service Funding Grant in FY 2021-2022  
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** \_\_\_\_\_ **Name of Project/Program:** \_\_\_\_\_

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** \$ \_\_\_\_\_ **Month & Year CSF Grant Received from City:** \_\_\_\_\_

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**  
**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____		Name of Project/Program: _____			
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____		Month & Year FIRST \$5,000 check was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	



**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Motherhood Steps

**MAILING ADDRESS:** 44731 Corte Gutierrez **PHONE:** (858) 922-5133  
Temecula, CA 92592 **EMAIL:** \_\_\_\_\_

**PRESIDENT / AUTHORIZED OFFICER:** Nikia Ellis  
PRINT NAME TITLE

**SIGNATURE:**  **DATE:** 08/22/2022  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** \_\_\_\_\_  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 8/22/2022

ESL ID: 8239891442

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 4805679

Entity Name: MOTHERHOOD STEPS

1. The entity is in good standing with the Franchise Tax Board.
2. The entity is **not** in good standing with the Franchise Tax Board.
3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
4. We do not have current information about the entity.
5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

MOTHERHOOD STEPS  
44731 CORTE GUTIERREZ  
TEMECULA, CA 92592

**Date:**  
02/16/2022  
**Employer ID number:**  
87-3493543  
**Person to contact:**  
Name: Customer Service  
ID number: 31954  
Telephone: 877-829-5500  
**Accounting period ending:**  
December 31  
**Public charity status:**  
509(a)(2)  
**Form 990 / 990-EZ / 990-N required:**  
Yes  
**Effective date of exemption:**  
October 29, 2021  
**Contribution deductibility:**  
Yes  
**Addendum applies:**  
No  
**DLN:**  
26053749002581

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements

**Letter 947 (Rev. 2-2020)**  
Catalog Number 35152P

## Registrant Details

Entity type: Corporate (Must be registered with the Secretary of State or based on foreign registration in U.S.A. only)

<b>Organization Name:</b>	MOTHERHOOD STEPS	<b>IRS FEIN:</b>	
<b>Entity Type:</b>	Public Benefit	<b>SOS/FTB Corporate/Organization Number:</b>	4805679

<b>Registry Status:</b>	Not Registered	<b>Renewal Due/Exp. Date:</b>
<b>RCT Registration Number:</b>		<b>Issue Date:</b>
<b>Record Type:</b>	Charity Registration	<b>Effective Date:</b>
<b>Date of Last Renewal:</b>		<b>DBA:</b>

## Mailing Address

<b>Street:</b>	44731 CORTE GUTIERREZ
<b>Street Line 2:</b>	
<b>City, State Zip:</b>	TEMECULA CA 92592

## Filings & Correspondence

No Related Documents

## Annual Renewal Data

No Annual Renewal Data

## Related Registrations & Event Reports

The related records shown below depend on the record type being viewed.

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraising Requirements.
- Raffle Registrations relate to Raffle Reports.
- Click on the RCT Registration No to navigate to the related record.

No Related Records

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**From:** Nikia Ellis <motherhoodsteps2021@gmail.com>  
**Sent:** Friday, September 9, 2022 11:59 AM  
**To:** Stacey Brown  
**Subject:** 990 form letter

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello I'm Nikia Ellis the President of motherhood steps nonprofit organization We did not file a 990 form this year this will be our first full year serving the community. If you have any questions please contact me.

Thank you

---

**From:** Nikia Ellis <motherhoodsteps2021@gmail.com>  
**Sent:** Thursday, September 8, 2022 8:34 PM  
**To:** Stacey Brown  
**Subject:** Application corrections  
**Attachments:** 01-Policy-and-Application-2022-2023-74-FILABLE (1).pdf

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good evening I was able to correct the first page of the application. I read the funded one very carefully and I am not being funded by any other entity for this program I have received \$250 gift card to help a mother in need in June of this year but it was not for this program. Can you let me know if I still need to fill that out thank you.

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**32**

**MY SISTER'S KEEPER  
SUCCESS INSTITUTE INC.**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 35,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

**Math Genius Program - Math**

Project/Program Title: Tutoring Start Date: Jan 2023 End Date: Dec 2023

Physical Address of Project/Program: Local Schools Participating in TVUSD

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: My Sister's Keeper Success Institute, Inc.

Mailing Address: 41765 Rider Way  
Temecula, CA 92590

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant **My Sister's Keeper Success  
Institute, Inc.**

Organization: \_\_\_\_\_ Year Founded: 2017

Website: www.msksi.com Social Media: @msksiinc (FB, Twitter, IG)

Number of Paid Staff: 0 Number of Volunteers: 15

Geographic Area(s) the Organization Serves: SW Riverside County

Geographic Area(s) the Project/Program Serves: Temecula, CA

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Kristen Newsome Title/Position: Executive Director

Contact Person's Direct Telephone: 760-613-1062 Contact Person's Email: kristennewsome@msks  
i.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 5-15-17

No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 82-1665289 State Identification Number: C4025912

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Mission: We inspire girls and young women and those who are historically the most underrepresented in STEM and business ownership to become confident, bold world changers through STEAM & Career Mentoring and Personal Development Programs.

Our programs support students to:

Develop leadership skills

Build their confidence

Practice problem solving

Build critical thinking skills

Build their communication skills

Gain an interest in pursuing STEM and/or entrepreneurship

Increase their knowledge about STEM and/or entrepreneurship and how to pursue those careers

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.



**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

The Math Genius Program is an Afterschool Expanded Learning Opportunity that will be instrumental in supporting Temecula's most vulnerable students whose CAASPP assessments are currently less than proficient in Math, to increase their proficiency. This is an expansion of the current online program that will be piloted to families in TVUSD and can include multiple children per household. The program combines mentoring and tutoring, as well as SEL coaching, extends instructional learning time, accelerates progress to close learning gaps, establishes community learning hubs, gives access to additional academic mentoring services. and provides training for participating school staff.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Grant funding will be spent to establish a pilot math tutoring hub at participating TVUSD middle and high schools.

Purchases will include the following for each tutoring hub:

1. Training for tutors/participating teachers
2. Family coaching and curriculum materials
3. Insurance
4. Online curriculum (at home)
5. Meals/Snacks
6. Copy/Printing

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

Mathematics is a foundation of STEM learning and includes content and thinking that can be used as tools for tackling integrative STEM problems. Expanding this program in Temecula schools will create a consistent hub of support in the community and provide necessary tutoring, mentoring, and support to improve student outcomes and interest, so that performance gaps are addressed and an increased population of students can widen their opportunities to participate in STEM related careers and higher education, which will ultimately create a stronger, more highly skilled and prepared workforce in Temecula.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	500+
--	------

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	20
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**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

MGP will support Temecula's most vulnerable students to gain proficiency in math. Grant funding will be spent to establish two math tutoring hubs and provide online curriculum and training accessible to households. This creates a consistent hub of support in the community and improves the workforce readiness of Temecula residents.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

COVID-19 impacted our ability to serve the Temecula community because of the reduction in our volunteer staff, strained operating budgets and extreme competition for charitable funding for nonprofits, which directly impacts our ability to expand services. Many families have also experienced economic and personal hardships that impacted their ability to afford extracurricular programs.

Inflationary concerns further exacerbate the issue and our nonprofit organization has to do more to address growing needs of students emerging from a pandemic, with less revenue to cover costs to perform services, and decreased staff. Space rental prices are increasing, gas costs are prohibitive for some parents to continue with in person programming not hosted at their child's school.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

With receipt of grant funding, we will expand our program beyond 100% virtual participation to a hybrid program with 2 community hubs at a participating Temecula schools that will include both online instruction, in-person mentoring and tutoring, and family support services and coaching to ensure parents are partnering in their child's success. Funds will support duplicating the program at two locations with virtual programs and parent coaching support.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>			
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>		<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 35,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 25,000	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 42,400	
TOTAL REVENUE		\$ 102,400	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>			
Tools/Equipment	Online family curriculum, ipads, hotspots, portable speakers, Zoom upgrade		\$45,800
Facilities/Rent/Insurance			\$ 1,000
Supplies	Printing, mini whiteboards, markers, paper, etc.		\$ 3,200
Marketing	Peachjar Marketing to TVUSD		\$ 1,000
Services	Tutor/Teacher Training & Parent Coaching		\$ 8,000
Food			\$ 9,000
Other			\$ 1,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$0
TOTAL EXPENSES			\$69,000
TOTAL BUDGET		\$102,400	\$69,000

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: My Sister's Keeper Success Institute, Inc.

MAILING ADDRESS: 41765 Rider Wy  
Temecula, CA 92590

PHONE: ( 951 ) 290-8442  
EMAIL: kristennewsome@mkski.com

PRESIDENT / AUTHORIZED OFFICER: Kristen Newsome Executive Director  
PRINT NAME TITLE

SIGNATURE:  DATE: 9/5/2022  
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/7/2022

ESL ID: 2683468917

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 4025912

Entity Name: MY SISTER'S KEEPER SUCCESS INSTITUTE, INC.

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

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### Connect With Us

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Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 01 2018**

MY SISTERS KEEPER SUCCESS INSTITUTE  
INC  
35130 GOLDTHREAD LANE  
MURRIETA, CA 92563

Employer Identification Number:  
82-1665289  
DLN:  
17053363310037  
Contact Person:  
MRS. JOHNSON ID# 31287  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
May 15, 2017  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

MY SISTERS KEEPER SUCCESS INSTITUTE

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements



**Return of Organization Exempt From Income Tax**

**2021**

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

▶ Do not enter social security numbers on this form, as it may be made public.  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning January 1, 2021, and ending December 31, 20 21

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input type="checkbox"/> <u>My Sister's Keeper Success Institute, Inc.</u>		<b>D</b> Employer identification number <input type="checkbox"/> <u>821665289</u>
	Number and street (or P.O. box if mail is not delivered to street address) <input type="checkbox"/> <u>33175 Temecula Pkwy</u>	Room/suite <input type="checkbox"/> <u>A8038</u>	<b>E</b> Telephone number <u>951-290-8442</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Temecula, CA 92592</u>		<b>F</b> Group Exemption Number ▶ <input type="checkbox"/>
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ _____		

**I** Website: ▶ www.msksi.com

**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 . . . . . ▶ \$

**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 . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	25,341
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	2,561
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</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>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>6b</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>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</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>	1,296	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	29,198	
Expenses	<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 <input type="checkbox"/> . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors <input type="checkbox"/> . . . . .	<b>13</b>	900
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	1,884
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	690
	<b>16</b>	Other expenses (describe in Schedule O) <input type="checkbox"/> . . . . .	<b>16</b>	14,528
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	18,002	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	11,196
	<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>	19,485
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	30,681

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**33**

NATIONAL CHARITY LEAGUE  
TEMECULA VALLEY CHAPTER

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 4000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Warrior Bags Start Date: 8/1/22 End Date: 3/31/23

Physical Address of Project/Program: \_\_\_\_\_

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: National Charity League Inc. Temecula Valley Chapter

Mailing Address: PO BOX 891381 Temecula, CA 92589

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant National Charity League Inc. 1925 - National  
Organization: National Charity League Inc. Year Founded: 2013 - Temecula Chapter

Website: https://members.nationalcharityleague.org Social Media: @ncltemeculavalley

Number of Paid Staff: 0 Number of Volunteers: 250 - Temecula Valley Chapter

Geographic Area(s) the Organization Serves: Numerous Local philanthropies in Temecula

Geographic Area(s) the Project/Program Serves: Temecula, CA

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Diana Arban Title/Position: Grade Level Advisor Class of 2023

Contact Person's Direct Telephone: 858-382-3766 Contact Person's Email: dianaarban@gmail.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 2015  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 46-2834204 State Identification Number: C3577161

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

National Charity Leagues mission statement is "Fostering the mother-daughter relationship through an ongoing commitment to philanthropy, culture and leadership." Mothers and daughters build on their relationship through volunteering in Temecula, helping others. It also allows them to be exposed to different cultures and teaching not only the daughters but also mothers about leadership, how to be a leader.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Preventing Period Poverty - NCL Class of 2022 Senior Project	\$ 2500	December 2021	Community Service Funding Program
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Project Warrior Bags is the name for mastectomy kits we will be creating to help support Michelle's Place. Michelle's Place was in need of care kits to give to their clients who had recently undergone mastectomies, so our senior class decided to take on the project to help them. The care kit includes handmade tote bags, heart pillows, rice packs for heating pads, seatbelt covers, drain pockets and bookmarks, and inspirational notes. In addition to the handmade items, the bags will include journals, grip socks, and chap stick. We plan on providing Michelle's place with 150 warrior bags.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Materials needed to make the handmade items:

- fabric- heart pillows, tote bags, rice packs, drain pockets, seat belt covers
- filling for pillows
- rice
- velcro
- belt material for tote bag straps
- batting for seat belt cover
- bookmark paper and printing
- paper for inspiration cards
- printing costs for book marks
- thread for sewing

Will purchase the following items to put into the bags

Journals, Purple pens, Grippy socks, Burts Bees chapstick, 62 inches long, and ½ inches wide satin ribbon

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Temecula Residents who have just had a mastectomy and are connected with Michelle's Place will benefit from this project, as the care kit that we are creating is meant to help make the women more comfortable after having this surgery. We will coordinate with Michelle's Place to ensure and document that the mastectomy kits will be given to Temecula Residents.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	150
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	50

**PROJECT/PROGRAM DESCRIPTION**  
***CONTINUED***

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

The senior year class of 2023 of the Temecula Chapter of the National Charity League will be providing Michelle's Place with 150 mastectomy kits. The mastectomy kits are filled with handmade and purchased items that provide comfort and support to women post-surgery.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 4000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 1000	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>TOTAL REVENUE</b>	<b>\$</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$
Supplies		\$ 5000
Marketing		\$
Services		\$
Food		
Other		\$
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$
<b>TOTAL EXPENSES</b>		<b>\$</b>
<b>TOTAL BUDGET</b>	<b>\$ 5000</b>	<b>\$ 5000</b>



**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City on or before due date: **September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** National Charity League Temecula Valley Chapter **Name of Project/Program:** Preventing Period Poverty/Rose Again Foundation

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** \$ 2500 **Month & Year CSF Grant Received from City:** December 2021

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** 100

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1	NCL INC Temecula Valley Chapter	December 2021	\$ 2500	Purchasing Feminine Products	Providing 100 Temecula Foster and emancipated women with 3 months of feminine products. Coordinated with Rose Again Foundation.
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**

**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: _____			Name of Project/Program: _____		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** National Charity League Temecula Valley Chapter

**MAILING ADDRESS:** PO Box 891381 Temecula CA 92589 **PHONE:** ( 858 ) 382-3766  
**EMAIL:** dianaarban@gmail.com

**PRESIDENT / AUTHORIZED OFFICER:** Diana Arban Grade Level Advisor  
PRINT NAME TITLE

**SIGNATURE:**  **DATE:** 9-11-22  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** Diana Arban Grade Level Advisor Class of 2023  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 8/27/2022

ESL ID: 8456733290

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3577161

Entity Name: NATIONAL CHARITY LEAGUE, INC., TEMECULA VALLEY CHAPTER

1. The entity is in good standing with the Franchise Tax Board.
2. The entity is **not** in good standing with the Franchise Tax Board.
3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
4. We do not have current information about the entity.
5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

Prudhomme Associates CPA, Inc.  
43460 Ridge Park Drive, Suite 220  
Temecula, CA 92590  
(951) 676-3131 (951) 676-4141 (fax)

November 12, 2021

National Charity League, Inc.  
Temecula Valley Chapter  
Po Box 891381  
Temecula, CA 92589

Dear Mercedes:

Enclosed is the organization's 2020 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before April 18, 2022 to:

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

Enclose a check or money order for \$25.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Gregory J. Prudhomme, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

May 31, 2021

<b>Prepared for</b>	National Charity League, Inc. Temecula Valley Chapter Po Box 891381 Temecula, CA 92589
<b>Prepared by</b>	Prudhomme Associates Cpas, Inc. 43460 Ridge Park Drive, Suite 220 Temecula, CA 92590
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

# 2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

May 31, 2021

<b>Prepared for</b>	National Charity League, Inc. Temecula Valley Chapter Po Box 891381 Temecula, CA 92589
<b>Prepared by</b>	Prudhomme Associates CPAS, Inc. 43460 Ridge Park Drive, Suite 220 Temecula, CA 92590
<b>To be signed and dated by</b>	Not Applicable
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
<b>Return must be mailed on or before</b>	Not Applicable
<b>Special Instructions</b>	



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 09 2013

NATIONAL CHARITY LEAGUE INC  
TEMECULA VALLEY CHAPTER  
C/O JULIET GROSSMAN  
PO BOX 891300  
TEMECULA, CA 92589-1300

Employer Identification Number:  
46-2834204  
DLN:  
17053235363013  
Contact Person:  
MS. GAISER ID# 31609  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
May 31  
Public Charity Status:  
509(a)(2)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
June 3, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

## Registrant Details

Entity type: Charitable Corporation registered with the Secretary of State. Based on former PA registration numbers.

**Organization Name:** NATIONAL CHARITY LEAGUE, INC., TEMECULA VALLEY CHAPTER **IRS FEIN:** 462834204  
**Entity Type:** Public Benefit **SOS/FTB Corporate/Organization Number:** 3577161

<b>Registry Status:</b>	Current	<b>Renewal Due/Exp. Date:</b>	10/15/2022
<b>RCT Registration Number:</b>	CT0214184	<b>Issue Date:</b>	12/19/2014
<b>Record Type:</b>	Charity Registration	<b>Effective Date:</b>	12/19/2014
<b>Date of Last Renewal:</b>	3/29/2022	<b>DBA:</b>	

## Mailing Address

**Street:** PO BOX 891381  
**Street Line 2:**  
**City, State Zip:** TEMECULA CA 92589-1381

## Filings & Correspondence

<a href="#">Founding Documents</a>	Founding Documents
<a href="#">Confirmation of Registration Letter</a>	Confirmation of Registration Letter
<a href="#">Renewal Filing</a>	2021
<a href="#">Renewal Filing</a>	2020
<a href="#">Renewal Filing</a>	2019
<a href="#">Renewal Filing</a>	2018
<a href="#">Form RRF-1</a>	2017
<a href="#">2016 RRF-1</a>	2016 RRF-1
<a href="#">RRF-1 2015</a>	2015 RRF-1
<a href="#">IRS Form 990-N 2015</a>	2015 IRS Form 990-N
<a href="#">RRF-1 2014</a>	2014 RRF-1
<a href="#">IRS Form 990-N 2014</a>	2014 IRS Form 990-N

## Annual Renewal Data

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2013
<b>Accounting Period End Date:</b>	5/31/2014
<b>Filing Received Date:</b>	1/12/2015
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2014
<b>Accounting Period End Date:</b>	5/31/2015
<b>Filing Received Date:</b>	10/16/2015
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2015

<b>Accounting Period End Date:</b>	5/31/2016
<b>Filing Received Date:</b>	10/19/2016
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2016
<b>Accounting Period End Date:</b>	5/31/2017
<b>Filing Received Date:</b>	10/16/2017
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2017
<b>Accounting Period End Date:</b>	5/31/2018
<b>Filing Received Date:</b>	12/14/2018
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2018
<b>Accounting Period End Date:</b>	5/31/2019
<b>Filing Received Date:</b>	10/24/2019
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2019
<b>Accounting Period End Date:</b>	5/31/2020
<b>Filing Received Date:</b>	10/19/2020
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	6/1/2020
<b>Accounting Period End Date:</b>	5/31/2021
<b>Filing Received Date:</b>	11/22/2021
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	

## Related Registrations & Event Reports

The related records shown below depend on the record type being viewed.

- **Charity Registrations:** relate to Professional Fundraising Events which relate to professional fundraisers registrations.
- **Raffle Registrations:** relate to Raffle Reports.
- **Click on the RCT Registration No** to navigate to the related record.

No Related Records

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**34**

NAVY LEAGUE OF THE  
UNITED STATES,  
INLAND EMPIRE (NJROTC)

CITY OF TEMECULA

FISCAL YEAR 2022 - 2023
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA
PROGRAM APPLICATION

(Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022



PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 50,000.00 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Navy League NJROTC/Sea Cadet support Start Date: 11/1/22 End Date: 11/1/23

Physical Address of Project/Program: Chaparral High School, 27215 Nicolas Rd, Temecula
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: NLUS Inland Empire Council
Mailing Address: PO Box 361
Temecula, CA 92593-0361

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant: Navy League of the U.S.
Organization: Inland Empire Council Year Founded: 2015

Website: https://www.navyleague.org/ Social Media: facebook.com/InlandEmpireNLUS

Number of Paid Staff: 0 Number of Volunteers: 316 Members

Geographic Area(s) the Organization Serves: Inland Empire, North San Diego County, LA, Long Be

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: William Lauper Title/Position: Council V.P.

Contact Person's Direct Telephone: 6198402846 Contact Person's Email: lauperwm@gmail.com

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes [X] Date of Incorporation as a Nonprofit: 12/24/2
No [ ] IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 47-4336297 State Identification Number: 3856223

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- 1. Attach IRS Deductibility Status using this link: http://apps.irs.gov/app/eos/
2. Attach State Entity Status Letter using this link: https://www.ftb.ca.gov/online/self\_serve\_entity\_status\_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The Navy League of the United States, founded in 1902 with the support of President Theodore Roosevelt, is a nonprofit civilian, educational and advocacy organization that supports America's sea services: the Navy, Marine Corps, Coast Guard and U.S.-flag Merchant Marine. As part of its mission focus, the Navy League of the United States:

Enhances the morale of sea service personnel and their families through national and council level programs.

Is a powerful voice to educate the public and Congress of importance to our nation's defense, well-being and economic prosperity.

Supports youth through programs, that expose young people to the values of our sea services.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 1000.00	Navy League of the United States STEM	3/2022
\$ 1000.00	Navy League of the United States STEM	5/2021
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

This funding will support STEM activities for Temecula Navy JROTC and Sea Cadets, as well as students from feeder TVUSD middle schools. These activities include SeaPerch (underwater robotics), CyberPatriot (National Youth CyberSecurity Competition), and Drone Soccer (drone/sUAS). A portion of the funding will support the founding of a Sea Cadet unit here in Temecula (others located at March ARB, Camp Pendleton, and Escondido). These programs will support Temecula's youth from ages 10-18, many of whom are from military families.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

\$25,564 will fund two Drone Soccer Classroom Bundles. One bundle will be provided to Mr. Davisson at Bella Vista Middle School and one will go to Chaparral High School (CHS) NJROTC. \$2237 will fund ten SeaPerch kits and three tool kits for Bella Vista and Day Middle Schools. \$2000 will fund trophies for the Chaparral NJROTC hosted SeaPerch Challenge. \$18,000 will fund 12 laptops to support CyberPatriot competitions and CyberCamps. CHS and Bella Vista Middle School currently compete in CyberPatriot and collaborate with training. The remaining \$4199 will help fund uniforms for a new Sea Cadet program in Temecula.

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

This program and associated funding will support the Sea Services Youth programs located in the City of Temecula and other interested TVUSD Middle School students who are interested in JROTC or Sea Cadets. Chaparral High School NJROTC conducts thousands of hours of community service in Temecula, including the presentation of Colors at the State of the City Address, State of the District Address, school functions, and veterans events.

<b>3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:</b>	<b>200</b>
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<b>3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:</b>	<b>10</b>
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**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

This program supports STEM training and competitions for Temecula NJROTC and Sea Cadets and feeder middle schools to include SeaPerch (underwater robotics), CyberPatriot (cyber security), and Drone Soccer (drones/sUAS). Success is determined by increased youth participation and interest in STEM.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

The COVID-19 pandemic forced the cancellation of our annual fundraiser/benefit night at Europa Village Winery as well as other fundraising opportunities.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

(1) Funds will support the founding of a Sea Cadet program in Temecula. Sea Cadets is a volunteer run leadership program for teenagers. The program relies upon volunteers and donors for their uniforms and activities.

(2) The Inland Empire Council has been organizing and running the Southern California SeaPerch Challenge since 2016. The intent is to host the 2023 competition at Chaparral High School. This is a regional qualifier for the International SeaPerch Challenge. The Inland Empire Council also sponsors local CyberPatriot (cyber security) teams and summer camps. These funds will allow the Council to expand those offerings to others in the district.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 1000.00	
Other grants or funding already awarded for Project/Program, if any	\$ 1000.00	
In-Kind match amount or volunteer credit hours estimated amount	\$ 10000	
<b>TOTAL REVENUE</b>	<b>\$ 52000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment	12 Laptops for CyberPatriot competitions, 2 x Drone Soccer Bundle. 3 x SeaPerch Tool kits	<b>\$44011</b>
Facilities/Rent/Insurance		\$
Supplies	10 x SeaPerch underwater robotics kits @ \$179.00 each. Trophies for SeaPerch	<b>\$3790</b>
Marketing		\$
Services		\$
Food		\$
Other	Uniforms and startup costs for new Sea Cadet program in Temecula.	<b>\$4199</b>
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	<b>\$0</b>
<b>TOTAL EXPENSES</b>		<b>\$52000</b>
<b>TOTAL BUDGET</b>	<b>\$62000</b>	<b>\$52000</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022  
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization: **Navy League of the U.S.** Name of Project/Program: **Navy League NJROTC/Sea  
Inland Empire Council**  **Cadet support**

FY 2021-2022 Amount of \$ \_\_\_\_\_  
CSF Grant Fund Awarded: \_\_\_\_\_ Month & Year CSF Grant Received from City: \_\_\_\_\_

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted  
from this Program/Project (approximate number of beneficiaries if you do not  
have precise number): \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**

**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Navy League of the U.S.</u>		Name of Project/Program: <u>Navy League NJROTC/Sea</u>			
Inland Empire Council		Cadet support			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Navy League of the U.S. Inland Empire Council ☒

MAILING ADDRESS: PO Box 361 PHONE: (619) 840-2846  
Temecula, CA 92593-0361 EMAIL: lauperwm@gmail.com

PRESIDENT / AUTHORIZED OFFICER: Ronald Barham, President

SIGNATURE:  DATE: 9/11/2022  
PRINT NAME TITLE MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: William Lauper, Vice President  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



# NAVY LEAGUE *of the United States*



January 27, 2016

Navy League of the United States  
Inland Empire Council  
P.O. Box 361  
Temecula, CA 92593

Dear Council President,

We have received all of the materials from your council that are necessary to participate in the Group Tax Exemption Program (that is, as an organization exempt from federal income tax under sections 501(a) and 501(c)(3) of the Internal Revenue Code) which was approved by the Internal Revenue Service (IRS) on November 6, 1990. The council has been added to the list of participating subordinate councils.

A four-digit group exemption number (GEN) 3276 was assigned by the IRS Service Center in Philadelphia on January 14, 1991. This number must be used in order to identify the Group Exemption when corresponding with the IRS. Do not confuse it with your council's Employer Identification Number (EIN). The local council's EIN is the number that should be used on all correspondence with the IRS and also given to your vendors and contributors as identifying the council as tax-exempt.

A copy of the IRS letter recognizing the Group Exemption, and the letter assigning the GEN are both attached. This letter provides you with important information about the Group Exemption granted to the Navy League of the United States (Navy League) and its subordinate councils.

## RIGHTS

A significant benefit of being included in the Navy League's Group Tax Exemption Program is that your council may receive contributions deductible by the donor as provided for in section 170 of the IRS Code. Additionally, bequests, legacies, devises, transfers, or gifts to or for your council's use are generally deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Should you encounter a situation where a potential donor, state agency, or vendor requests proof that your council is a member of the Group Exemption, you may send them this letter from the Navy League and a copy of the Group Determination Letter from the IRS.

RESPONSIBILITIES

Your council (though now exempt as a member of the Group Exemption) is still required to file an annual information *Return of Organization Exempt from Income Tax* (Form 990EZ or 990), by May 15, if its gross receipts exceed \$50,000 annually. Moreover, if your council conducts any activities that give rise to unrelated business income tax, the council must file an *Exempt Organization Business Income Tax Return* (Form 990-T). **PLEASE NOTE: LEGISLATION NOW REQUIRES ALL NON-PROFITS** (regardless of gross annual income) **STARTING IN TAX YEAR 2007 TO FILE AN INFORMATION RETURN WITH THE IRS.** More information can be obtained about the E-Postcard **Form 990N** at [www.irs.gov/charities](http://www.irs.gov/charities). This form is also due by May 15<sup>th</sup> of each year.

As you may know, the law imposes a penalty of \$10 a day (with a maximum penalty of the lesser of 5 percent of your council's gross receipts for the year in question or \$5,000) when a return is filed late or incomplete, unless there is a reasonable cause for the delay. Please be advised that even if your council does not meet the \$50,000 filing minimum for a 990EZ, if you receive a Form 990 from the IRS, you should reply to the request. This will allow the IRS to update its records regarding whether or not your council should be sent a Form 990 in future years.

As you are probably also aware, your council is liable for FICA (social security) taxes on remuneration of \$100 or more paid to any council employee during a calendar year. However, your council is not liable for the FUTA (federal unemployment) tax.

In addition to your filing responsibilities with regard to the IRS, your council must promptly provide the Navy League with information regarding any changes in the following areas so that the Navy League is able to fulfill its responsibilities under the Group Exemption:

1. Any material changes in the purposes, character or method of operation of your council; and /or
2. Any changes in the name or mailing address of your council.

And finally, the council must also register with the state and local authorities as a charitable organization to meet all state and local ordinances because it solicits funds from the public.

Please call this office, at the Navy League, if you have any questions about the rights and responsibilities of your council as a member of the Navy League Group Tax Exemption Program.

Sincerely,



Ryan Donaldson, Esq.  
Corporate Council,  
Senior Director of Contracts and Finance

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
31 HOPKINS PLAZA  
BALTIMORE, MD 21201

DEPARTMENT OF THE TREASURY

Date: NOV 06 1990

Employer Identification Number:  
53-0116710  
Contact Person:  
MS. A. ASKINS  
Contact Telephone Number:  
(301) 962-9423

NAVY LEAGUE OF THE UNITED STATES  
2300 WILSON BLVD P ~~0 20K 100~~  
ARLINGTON, VA 22210

Addendum Applies:  
Yes

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from Federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(03).

Our records show that you were recognized as exempt from Federal income tax under section 501(c)(03) of the Code. Your exemption letter remains in effect.

Based on the information supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from Federal income tax under section 501(c)(03) of the Code.

Additionally, we have classified the organizations you operate, supervise, or control, and which are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(2) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates whose gross receipts each year are normally more than \$25,000 are each required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of their annual accounting period. If you prefer, you may file a group return for those subordinates that authorize you in writing to include them in that return. If you are required to file Form 990 for your own activities, you must file a separate return and may not be included on any group return that you file for your subordinates. The law imposes a penalty of \$10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty imposed cannot exceed \$5,000 or 5 percent of gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so your subordinates should make sure their returns are complete before filing them. Please advise your subordinates that, if they receive a Form 990 package in the mail, they should file the return even if their gross

Letter 2419(DO/CG)





## Entity Status Letter

Date: 9/10/2022

ESL ID: 7552962182

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3856223

Entity Name: NAVY LEAGUE OF THE UNITED STATES, INLAND EMPIRE COUNCIL

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** NAVY LEAGUE OF THE UNITED STATES, INLAND EMPIRE  
COUNCIL  
**Entity No.:** 3856223  
**Registration Date:** 12/24/2015  
**Entity Type:** Nonprofit Corporation - CA - Public Benefit  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of September 10, 2022.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 044014728

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

# Navy League Of The United States Inland Empire Council

EIN: 47-4336297 | Temecula, CA, United States

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## Form 990-N (e-Postcard)

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Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

### Tax Year 2021 Form 990-N (e-Postcard)

**Tax Period:**

2021 (01/01/2021 - 12/31/2021)

**EIN:**

47-4336297

**Tax  
Year**

**Legal Name (Doing Business as):**

Navy League Of The United States Inland Empire Council

**Mailing Address:**

3249 Marengo Avenue  
Altadena, CA 91001  
United States

**Principal Officer's Name and Address:**

William Lauper

31596 Flintridge Way  
Altadena, CA 91001  
United States

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

## Registrant Details

**Organization Name:** NAVY LEAGUE OF THE UNITED STATES, INLAND EMPIRE COUNCIL **IRS FEIN:** 474336297  
**Entity Type:** Public Benefit **SOS/FTB Corporate/Organization Number:** 3856223

<b>Registry Status:</b>	Current	<b>Renewal Due/Exp. Date:</b>	5/15/2023
<b>RCT Registration Number:</b>	CT0241528	<b>Issue Date:</b>	9/7/2016
<b>Record Type:</b>	Charity Registration	<b>Effective Date:</b>	9/7/2016
<b>Date of Last Renewal:</b>	7/13/2022	<b>DBA:</b>	

## Mailing Address

**Street:** 3249 MARENGO AVE  
**Street Line 2:**  
**City, State Zip:** ALTADENA CA 91001

## Filings & Correspondence

<u>First Notice to Register</u>	First Notice to Register
<u>Confirmation of Registration Letter</u>	Confirmation of Registration Letter
<u>Renewal Filing</u>	2021
<u>Online Renewal Submission</u>	2019
<u>Form CT-TR-1</u>	2019
<u>Explanations For Yes Answers</u>	2019
<u>Miscellaneous Documents</u>	Miscellaneous Documents
<u>Founding Documents</u>	Founding Documents
<u>Form RRF-1</u>	2016
<u>Form RRF-1</u>	2017
<u>Online Renewal Submission</u>	2018
<u>Renewal Filing</u>	2020

## Annual Renewal Data

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2016
<b>Accounting Period End Date:</b>	12/31/2016
<b>Filing Received Date:</b>	8/4/2017
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2017
<b>Accounting Period End Date:</b>	12/31/2017
<b>Filing Received Date:</b>	1/11/2019
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	E-Accepted
<b>Accounting Period Begin Date:</b>	1/1/2018

Accounting Period End Date: 12/31/2018  
Filing Received Date: 1/9/2019  
Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: E-Accepted  
Accounting Period Begin Date: 1/1/2019  
Accounting Period End Date: 12/31/2019  
Filing Received Date: 1/31/2020  
Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 1/1/2020  
Accounting Period End Date: 12/31/2020  
Filing Received Date: 2/8/2021  
Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

Status of Filing: Accepted  
Accounting Period Begin Date: 1/1/2021  
Accounting Period End Date: 12/31/2021  
Filing Received Date: 2/10/2022  
Form RRF-1 Reject/Incomplete Reason:  
Form CT-TR-1 Reject/Incomplete Reason:  
IRS Form 990 Reject/Incomplete Reason:  
Notes From Registry Staff:

## Related Registrations & Event Reports

No Related Records

NAVY LEAGUE OF THE UNITED STATES

This group exemption letter supersedes all prior determination letters of the following organizations:

1. Fort Lauderdale Council
2. Long Beach Council
3. Miami Council
4. Oak Harbor Council
5. San Fernando Council
6. Oakland Council
7. CO-MAR Waves Council

The Central organization will be responsible for notifying each of the above listed subordinates that its individual exemption letter is superseded.

Internal Revenue Service  
11601 Roosevelt Blvd.  
Philadelphia, PA 19255

Emp. 28 16503220

Refer Reply to: P:IP:ECUC

Date: 01-14-91

EIN: 53-0116710

Group Exemption Number:  
3276

Navy League of the United States  
National Headquarters  
2300 Wilson Blvd  
Arlington VA 22201

Dear Officer or Trustee:

The four-digit Group Exemption Number (GEN) as shown above has been assigned to your organization. This number is not to be confused with the nine-digit Employer Identification Number (EIN) previously assigned to your organization.

Form 990 (Return or Organization Exempt from Income Tax) and instructions require each central organization and its subordinates to show their group exemption number (GEN) in Part I, Item 18(b), of Form 990 in addition to their EIN.

Please advise any of your subordinates that are required to file an annual information return, Form 990, to place your group exemption number on their return.

Thank you for your help in this matter.

Sincerely yours,

*Maryanne Slater*

Maryanne Slater  
Chief, Entity Section III

NAVY LEAGUE OF THE UNITED STATES

receipts do not exceed the \$25,000 minimum. If not required to file, a subordinate should simply attach the label provided, check the box in the heading to indicate that its annual gross receipts are normally \$25,000 or less, and sign the return. This will allow us to update our records to show that the subordinate is not required to file and to delete that subordinate from the list of organizations that will receive Form 990 packages in future years.

Your subordinates are not required to file Federal income tax returns unless subject to the tax on unrelated business income under section 511 of the Code. Each organization subject to this tax must file Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your subordinates present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

As of January 1, 1984, each of your subordinates is liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more they pay to each of their employees during a calendar year. Your subordinates are not liable for the tax imposed under Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your annual accounting period, please send the items listed below to the Internal Revenue Service Center at the address shown below.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your subordinates;
2. A list showing the names, mailing addresses (including Postal ZIP codes), actual addresses if different, and employer identification numbers of subordinates that since your previous report:
  - a. Changed names or address;
  - b. Were deleted from your roster; or
  - c. Were added to your roster.
3. For subordinates to be added, attach:
  - a. A statement that the information on which your present group exemption letter is based applies to the new subordinates;
  - b. A statement that each has given you written authorization to add its name to the roster;
  - c. A list of those to which the Service previously issued exemption rulings or determination letters;
  - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
  - e. The street address of each subordinate whose mailing address is a P. O. Box; and
  - f. The information required by Revenue Procedure 75-50, 1975-2 C.B. 587, for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230.



NAVY LEAGUE OF THE UNITED STATES

This is the same information required by Schedule A, Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.

4. If applicable, a statement that your group exemption roster did not change since your previous report.

If the heading of this letter indicates that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

  
District Director

Enclosure(s):  
Addendum

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**35**

**NEIGHBORHOOD HEALTHCARE**

**CITY OF TEMECULA**  
**FISCAL YEAR 2022 - 2023**  
**COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA**  
**PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ \$50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: NHC Great Starts Program Start Date: 12/1/2022 End Date: 11/30/2023

Physical Address of Project/Program: 41840 Enterprise Circle N, Temecula, CA 92590

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Neighborhood Healthcare

Mailing Address: 425 N Date St

Escondido, Ca 92025

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Neighborhood Healthcare Year Founded: 1969

Website: www.nhcare.org Social Media: www.facebook.com/NeighborhoodHealthcare

Number of Paid Staff: 1,030 Number of Volunteers: 183

Geographic Area(s) the Organization Serves: San Diego and Riverside Counties

Geographic Area(s) the Project/Program Serves: City of Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Ellen Clark Title/Position: Grant Writer

Contact Person's Direct Telephone: 760-429-4917 Contact Person's Email: Ellen.Clark@nhcare.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 7/1/1973  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 95-2796316 State Identification Number: 0667935

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1.  Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2.  Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
3.  Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's: *Pending meeting on 09-14-2022*  
Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Our mission is to improve the health and happiness of the communities we serve by providing high-quality healthcare to all, regardless of situation or circumstance. We believe that community health is about more than just vaccines and checkups, it's about giving people the resources they need to live their best lives. Our vision is a community where everyone is healthy and happy. In working to make this a reality we are never satisfied with good enough. Our purpose is to improve community health through access to better health care.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

This program will support Neighborhood's efforts toward prenatal and baby health and wellness through education, advertising, community outreach, and providing baby care items to needy families. Neighborhood primarily cares for individuals with low incomes and limited access to resources.

Included in the program are two baby wellness events adjacent to our Temecula Health Centers. These events will be open to the community. Information on prenatal and baby wellness will be available as will premium items and some supplies, and families will be offered help with Medi-Cal and CalFresh registration.

Self-care kits encouraging new baby care will be provided to new moms, and newborns will receive a onesie and burp cloth at their first check-up.

Educational articles on baby wellness before and post birth and geographically directed digital marketing campaigns, using targeted locations such as WIC, will provide education to a targeted segment of the Temecula community.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Funds, if granted, will be used to directly support the Temecula residents through the distribution of maternal and infant care items and in support of educational messaging to the community.

Plans to purchase:

- 70 Infant Car Seats
- 100 Playpens
- 120 High Chairs
- 100 Strollers
- 150 Packages of Diapers (size N-3)
- 300 Packages of Wipes
- 150 New Mother Kits
- 150 Welcome Baby Kits
- Miscellaneous Promotional Items
- Brochures
- Advertising and Marketing

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

This program is specifically targeted to Neighborhood patients seeking care at our Temecula and Temecula Parkway Health Centers and local community members. Events will be held locally and all baby items will be distributed locally either at the Health Centers or adjacent community events. Advertising for the events will be through flyers at local venues including WIC offices, and digital advertising targeted to the community.

By providing baby essentials, Neighborhood's staff will have the opportunity to provide new and expectant parents with the information they need to make informed decisions on their baby's health and wellbeing. Individuals without medical insurance can ask questions about their newborn's eligibilty for Medi-Cal and obtain the help they need to register their child.

We anticipate that more than 500 Temecula Residents will directly benefit from this program, plus 1,030,000 impressions through advertising, social media, and other marketing activities.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

500

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

0

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

Neighborhood plans to provide low-income parents of newborns in Temecula with physical and informational tools to help keep their babies well and happy. We will reach individuals through targeted educational advertising messages, community outreach, and directly to our patients. Tangible infant care items will be limited to one per family.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

In response to COVID-19, Neighborhood rapidly transitioned to providing telehealth visits after stay-at-home order temporarily disrupted care, resulting in revenue decline. At the height of the pandemic, 85% of patient visits were by phone or video. Medicaid (Medi-Cal), the primary insurance for patients, was slow in determining reimbursement for telehealth visits, causing a further revenue decline. With COVID as a catalyst, Neighborhood also took a proactive approach to care for vulnerable patients with complex and chronic medical conditions utilizing a mobile care team to provide essential health services as an extension of the healthcare facility.

As a result of unemployment due to COVID, the percentage of uninsured patients also increased to 15% in 2020 and 2021, from 7% in 2019. Due to our ability to accommodate patients remotely, fundraising efforts to cover uninsured patients, COVID Grants and Provider Relief Funds, we have been able to sustain financial stability.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Funds, if granted, will provide a vehicle for Neighborhood's Women's Health team to reach out to the Temecula Community with critical information on prenatal and infant care that can positively effect the wellbeing of the child for his/her lifetime. Neighborhood has provided infant supplies to our patients in the past, and funding will allow us to continue distribution to our patients. Funds also allow us to extend this program and provide important maternal and infant wellness messaging to the community. It will also allow us to provide diapers to families in need for the first time.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>			
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>		<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>			
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)		\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization		\$ 11,040	
Other grants or funding already awarded for Project/Program, if any		\$ 0	
In-Kind match amount or volunteer credit hours estimated amount		\$ 0	
<b>TOTAL REVENUE</b>		<b>\$ 61,040</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>			
Tools/Equipment			\$ 0
Facilities/Rent/Insurance			\$ 5,549
Supplies			\$ 8,850
Marketing			\$ 15,000
Services			\$ 0
Food			0
Other			\$ 26,150
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		\$ 5,491
<b>TOTAL EXPENSES</b>			<b>\$ 61,040</b>
<b>TOTAL BUDGET</b>		<b>\$</b>	<b>\$ 61,040</b>



**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Neighborhood Healthcare

**MAILING ADDRESS:** 425 N Date St  
Escondido, CA 92025

**PHONE:** ( 760 ) 520-8375  
**EMAIL:** RakeshP@nhcare.org

**PRESIDENT / AUTHORIZED OFFICER:** Dr. Rakesh Patel Chief Executive Officer

**SIGNATURE:**  **DATE:** September 12, 2022

IF DIFFERENT THAN ABOVE,  
**APPLICATION PREPARED BY:** Ellen Clark Grant Writer

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: August 3, 2002

Person to Contact:  
Steve Brown 31-07422  
Customer Service Representative

Neighborhood Healthcare  
425 N Date St  
Escondido, CA 92025

Toll Free Telephone Number:

8:00 a.m. to 8:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

95-2796316

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on March 18, 2002. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in July 1973 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Neighborhood Healthcare  
95-2796316

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services

[HELP](#)[MENU](#)

[Home](#) > [Tax Exempt Organization Search](#) > [Neighborhood Healthcare](#)

[< Back to Search Results](#)

# Neighborhood Healthcare

EIN: 95-2796316 | Escondido, CA, United States

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> [Other Names](#)

## Publication 78 Data

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

## Copies of Returns (990, 990-EZ, 990-PF, 990-T)

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Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> [Tax Year 2020 Form 990](#)

> [Tax Year 2020 Form 990T](#)

> [Tax Year 2019 Form 990T](#)

> [Tax Year 2019 Form 990](#)

> **Tax Year 2019 Form 990T**

> **Tax Year 2018 Form 990**

> **Tax Year 2018 Form 990T**

> **Tax Year 2017 Form 990**

> **Tax Year 2017 Form 990T**

> **Tax Year 2016 Form 990**

*Page Last Reviewed or Updated: 20-November-2020*

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STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/12/2022

ESL ID: 5578808527

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 0667935

Entity Name: NEIGHBORHOOD HEALTHCARE

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

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

**2020**

**Open to Public Inspection**

**A** For the 2020 calendar year, or tax year beginning **07/01/2020** and ending **06/30/2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **NEIGHBORHOOD HEALTHCARE**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**425 N Date Street**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Escondido, CA, 92025**

**D** Employer identification number  
**95-2796316**

**E** Telephone number  
**760-737-6934**

**F** Name and address of principal officer: **Lisa Daigle**  
**425 N Date Street, Escondido, CA 92025**

**G** Gross receipts \$ **127,071,516**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶ \_\_\_\_\_

**J** Website: ▶ **www.nhcare.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1973** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Neighborhood Healthcare is committed to providing quality health care and promoting wellness to everyone in our communities, focusing on those most in need.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>866</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>91,771</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>10,930,309</b>	<b>16,954,655</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>89,713,384</b>	<b>107,280,165</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<b>531,644</b>	<b>1,778,978</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>614,473</b>	<b>998,413</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>101,789,810</b>	<b>127,012,211</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0</b>	<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>60,048,235</b>	<b>66,146,597</b>
<b>Expenses</b>	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>346,000</b>	<b>0</b>	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>28,891,153</b>	<b>36,798,116</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>88,939,388</b>	<b>102,944,713</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>12,850,422</b>	<b>24,067,498</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>76,651,787</b>	<b>105,405,269</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>16,676,644</b>	<b>17,530,528</b>
		<b>59,975,143</b>	<b>87,874,741</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Lisa Daigle* Date: 11/15/21

Type or print name and title: **Lisa Daigle, CFO**

**Paid Preparer Use Only**

Print preparer's name: **Jeremy Ware** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00642659**

Firm's name: **CHW LLP** Firm's EIN: **47-2771555**  
 Firm's address: **7797 N First Street Suite 15, Fresno, CA 93720** Phone no.: **559-549-5400**

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

Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.



September 12, 2022

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 Main St.  
Temecula, CA 92590

Dear Aaron and Community Service Funding Committee Members,

Thank you for this opportunity to apply for funds through the City's Reinvestment in Temecula Community Service Funding. And for all you do in support of the residents and businesses in Temecula.

Attached is a copy of our proposal requesting \$50,000 in funds for Neighborhood Healthcare's Great Starts Program. Funds, if granted would be used for maternal and infant care education and the distribution of infant care items to the Temecula Community through our Health Centers and Community Outreach Events.

Please let me know if you need additional information or have any questions. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Ellen Clark", is enclosed within a large, hand-drawn oval.

Ellen Clark  
Grant Writer  
[ellen@nhcare.org](mailto:ellen@nhcare.org)  
760-520-8650



**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**36**

**OAKGROVE CENTER**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Culinary Creations Program Start Date: 11/1/22 End Date: 10/31/23

Physical Address of Project/Program: 41923 2nd St #104, Temecula, CA 92590  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Oak Grove Center  
Mailing Address: 24275 Jefferson Avenue  
Murrieta, CA 92562

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Oak Grove Center  
Organization: \_\_\_\_\_ Year Founded: 1992

Website: www.oakgrovecenter.org Social Media: facebook.com/OakGroveCenter

Number of Paid Staff: 272 Number of Volunteers: 60

Geographic Area(s) the Organization Serves: Mostly Riverside County, but students throughout CA

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Tammy Wilson Title/Position: Chief Executive Officer

Contact Person's Direct Telephone: 951-677-5599 Contact Person's Email: tammyw@oakgrovecenter.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 9/24/92  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0470446 State Identification Number: 1574925

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

The mission of Oak Grove Center is to rebuild the lives of at-risk children and their families through educating, healing, restoring relationships, building character and instilling hope.

Oak Grove Center specializes in serving California's most at-risk and vulnerable children and their families with the widest spectrum of services including residential, educational treatment, and day programming. In addition, we operate Oak Grove Center's Culinary Creations Bakery in Temecula, which provides our youth vocational training and hands-on programming as they actively participate in a working bakery. In addition, Oak Grove acts as a Workability site for students in high school programs in Temecula.

At Oak Grove Center our vision is to see broken lives healed and hope restored. We are empowering success and transforming lives.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

**GRANT PROJECT/PROGRAM DESCRIPTION**

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

Culinary Creations is a unique vocational program designed to build vocational and culinary skills, as well as provided jobs for at-risk, vulnerable and/or special needs and disabled youth and TMI (Toward Maximum Independence) young adults through a retail store in Temecula. While core services seek to restore challenging circumstances and move youth from crisis to stability, Oak Grove Center's unique approach of supportive programs sets our agency apart. Culinary Creations provides hands-on vocational training to youth including customer service, culinary expertise, barista skills, inventory management, catering services and more.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Funds will be spent on the operating costs of the Bakery, including rent, utilities, food (for preparation), marketing, mileage, supplies (including baking and kitchen supplies, takeout containers, bags, etc.) and telephone expenses.

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

While we expect to serve 120 youth through this program during the grant period, 70 will be Temecula residents. These Temecula youth will engage in hands-on vocational training at the Culinary Creations Bakery and/or on our main campus in Murrieta.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	70
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	5

**PROJECT/PROGRAM DESCRIPTION**  
***CONTINUED***

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

At-risk, vulnerable Temecula youth participating in wraparound services will engage in hands-on vocational training programming in the Culinary Creations Program.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

The Covid-19 pandemic certainly has impacted profitability of the bakery. Our desire is to create a self-sustaining enterprise that hosts our vocational programming and internships for youth, but 2021 did not accomplish that. Raising grants and accepting donations for the program will help offset costs as the Bakery continues to serve and develops a stronger customer base, while providing vocational training.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

The request from the City of Temecula will continue an existing program, serving 70 Temecula students throughout the grant period.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 66,838	
Other grants or funding already awarded for Project/Program, if any Sales and donations	\$ 375,373	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>TOTAL REVENUE</b>	<b>\$ 492,211</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$ 299
Facilities/Rent/Insurance		\$ 65,474
Supplies		\$ 101,790
Marketing		\$ 381
Services		\$ 0
Food		\$ 0
Other		\$ 25,894
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$ 298,373
<b>TOTAL EXPENSES</b>		<b>\$ 492,211</b>
<b>TOTAL BUDGET</b>	<b>\$ 492,211</b>	<b>\$ 492,211</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization: Oak Grove Center Name of Project/Program: Culinary Creations Program

FY 2021-2022 Amount of \$ \_\_\_\_\_  
 CSF Grant Fund Awarded: \_\_\_\_\_ Month & Year CSF Grant Received from City: \_\_\_\_\_

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	



**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**  
**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Oak Grove Center</u>			Name of Project/Program: <u>Culinary Creations Program</u>		
TOTAL FY 2022-2023 Amount of Grant Fund Awarded: \$ _____			Month & Year FIRST \$5,000 check was received from City: _____		
1. Is this Expenditure Report to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:


- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

ORGANIZATION NAME: Oak Grove Center +

MAILING ADDRESS: 24275 Jefferson Avenue PHONE: ( 951 ) 677-5599  
Murrieta, CA 92562 EMAIL: tammyw@oakgrovecenter.org

PRESIDENT / AUTHORIZED OFFICER: Tammy Wilson, Chief Executive Officer  
PRINT NAME TITLE

SIGNATURE:  DATE: September 12, 2022  
MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: Tammy Wilson, LMFT CEO  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



[Home](#) > [Tax Exempt Organization Search](#) > **Oak Grove Institute Foundation Inc.**

[< Back to Search Results](#)

## Oak Grove Institute Foundation Inc.

EIN: 33-0470446 | Murrieta, CA, United States

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[> Other Names](#)

### Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

### Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

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Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

[> Tax Year 2019 Form 990](#)

[> Tax Year 2018 Form 990](#)

[> Tax Year 2017 Form 990](#)

[> Tax Year 2016 Form 990](#)



**Internal Revenue Service**

**Date:** March 23, 2005

OAK GROVE INSTITUTE FOUNDATION INC  
% THOMAS LESTER  
24275 JEFFERSON  
MURRIETA CA 92562-7285

**Department of the Treasury**  
**P. O. Box 2508**  
**Cincinnati, OH 45201**

**Person to Contact:**  
Ms. Regina Parker 31-07403  
Customer Service Specialist  
**Toll Free Telephone Number:**  
8:30 a.m. to 5:30 p.m. ET  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
33-0470446

Dear Sir or Madam:

This is in response to your request of March 23, 2005, regarding your organization's tax-exempt status.

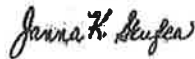
In September 1992 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE  
Customer Account Services



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/8/2022

ESL ID: 7230475266

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 1574925

Entity Name: OAK GROVE INSTITUTE FOUNDATION, INC.

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

## Registrant Details

**Entity type:** Corporate Class as registered with the Secretary of State or based on founding & registration documents.

**Organization Name:** OAK GROVE INSTITUTE FOUNDATION, INC. **IRS FEIN:** 330470446  
**Entity Type:** Public Benefit **SOS/FTB Corporate/Organization Number:** 1574925

**Registry Status:** Current - Awaiting Reporting **Renewal Due/Exp. Date:** 5/15/2022  
**RCT Registration Number:** 082134 **Issue Date:** 12/31/2005  
**Record Type:** Charity Registration **Effective Date:** 12/31/2005  
**Date of Last Renewal:** 3/25/2022 **DBA:**

## Mailing Address

**Street:** 24275 JEFFERSON AVE  
**Street Line 2:**  
**City, State Zip:** MURRIETA CA 92562

## Filings & Correspondence

<u>Founding Documents</u>	Founding Documents
<u>RRF-1 2008</u>	2008 RRF-1
<u>IRS Form 990 2008</u>	2008 IRS Form 990
<u>RRF-1 2007</u>	2007 RRF-1
<u>IRS Form 990 2007</u>	2007 IRS Form 990
<u>RRF-1 2006</u>	2006 RRF-1
<u>IRS Form 990 2006</u>	2006 IRS Form 990
<u>RRF-1 2005</u>	2005 RRF-1
<u>IRS Form 990 2005</u>	2005 IRS Form 990
<u>RRF-1 2004</u>	2004 RRF-1
<u>IRS Form 990 2004</u>	2004 IRS Form 990
<u>RRF-1 2003</u>	2003 RRF-1
<u>IRS Form 990 2003</u>	2003 IRS Form 990
<u>RRF-1 2002</u>	2002 RRF-1
<u>IRS Form 990 2002</u>	2002 IRS Form 990
<u>RRF-1 2001</u>	2001 RRF-1
<u>RRF-1 2009</u>	2009 RRF-1
<u>IRS Form 990 2009</u>	2009 IRS Form 990
<u>IRS Form 990 2011</u>	2011 IRS Form 990
<u>RRF-1 2011</u>	2011 RRF-1
<u>RRF-1 2010</u>	2010 RRF-1
<u>IRS Form 990 2010</u>	2010 IRS Form 990
<u>Renewal Filing</u>	2019
<u>Renewal Filing</u>	2018

<a href="#">RRF-1 2012</a>	2012 RRF-1
<a href="#">IRS Form 990 2012</a>	2012 IRS Form 990
<a href="#">RRF-1 2013</a>	2013 RRF-1
<a href="#">IRS Form 990 2013</a>	2013 IRS Form 990
<a href="#">RRF-1 2014</a>	2014 RRF-1
<a href="#">IRS Form 990 2014</a>	2014 IRS Form 990
<a href="#">2015 RRF-1</a>	2015 RRF-1
<a href="#">2015 IRS Form 990</a>	2015 IRS Form 990
<a href="#">2016 Form RRF-1</a>	Click on Document Type at the left to open PDF
<a href="#">2016 IRS Form 990 Series</a>	Click on Document Type at the left to open PDF
<a href="#">Renewal Filing</a>	2017
<a href="#">Renewal Filing</a>	2020

## Annual Renewal Data

<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2010
<b>Accounting Period End Date:</b>	12/31/2010
<b>Filing Received Date:</b>	11/14/2011
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2011
<b>Accounting Period End Date:</b>	12/31/2011
<b>Filing Received Date:</b>	8/20/2012
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2012
<b>Accounting Period End Date:</b>	12/31/2012
<b>Filing Received Date:</b>	11/18/2013
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2013
<b>Accounting Period End Date:</b>	12/31/2013
<b>Filing Received Date:</b>	9/3/2014
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	
<b>Status of Filing:</b>	Accepted
<b>Accounting Period Begin Date:</b>	1/1/2014
<b>Accounting Period End Date:</b>	12/31/2014
<b>Filing Received Date:</b>	10/19/2015
<b>Form RRF-1 Reject/Incomplete Reason:</b>	
<b>Form CT-TR-1 Reject/Incomplete Reason:</b>	
<b>IRS Form 990 Reject/Incomplete Reason:</b>	
<b>Notes From Registry Staff:</b>	



Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2015
Accounting Period End Date:	12/31/2015
Filing Received Date:	7/26/2016
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2016
Accounting Period End Date:	12/31/2016
Filing Received Date:	9/7/2017
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2017
Accounting Period End Date:	12/31/2017
Filing Received Date:	9/18/2018
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2018
Accounting Period End Date:	12/31/2018
Filing Received Date:	11/18/2019
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2019
Accounting Period End Date:	12/31/2019
Filing Received Date:	1/15/2021
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2020
Accounting Period End Date:	12/31/2020
Filing Received Date:	11/23/2021
Form RRF-1 Reject/Incomplete Reason:	
Form CT-TR-1 Reject/Incomplete Reason:	
IRS Form 990 Reject/Incomplete Reason:	
Notes From Registry Staff:	

## Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records

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

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Anticipated return  
 Application pending

**C** Name of organization: **Oak Grove Institute Foundation, Inc.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **24275 Jefferson Avenue**  
 City or town, state or province, country, and ZIP or foreign postal code: **Murrieta, CA 92562**

**D** Employer identification number: **33-0470446**

**E** Telephone number: **(951) 677-5599**

**G** Gross receipts \$: **17,722,800.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.oakgrovecenter.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1981** **M** State of legal domicile: **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Education and residential facilities for children with neurological problems, learning</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>414</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>110</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>11,079,166.</b>	<b>7,915,743.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,660,883.</b>	<b>8,868,173.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>249,122.</b>	<b>252,878.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>6,280.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>19,989,171.</b>	<b>17,043,074.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>650,628.</b>	<b>517,546.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>14,487,459.</b>	<b>14,517,356.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>241,808.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,819,074.</b>	<b>3,461,236.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,957,161.</b>	<b>18,496,138.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,032,010.</b>	<b>-1,453,064.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>27,247,092.</b>	<b>28,525,147.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,476,154.</b>	<b>6,088,366.</b>
		<b>23,770,938.</b>	<b>22,436,781.</b>

**Part II Signature Block**

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

**Sign Here** Signature of officer: **Tamara Wilson, CEO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **Sean E. Cain, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P01612986**  
 Firm's name: **Harrington Group, CPAs, LLP** Firm's EIN: **95-4557617**  
 Firm's address: **234 East Colorado Blvd., Suite M150**  
**Pasadena, CA 91101** Phone no. (626) 403-6801

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

See Schedule O for Organization Mission Statement Continuation

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**37**

**dba PROJECT TOUCH  
GOD'S FAN CLUB**

**CITY OF TEMECULA**  
**FISCAL YEAR 2022 - 2023**  
**COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA**  
**PROGRAM APPLICATION**

(Please Print or Type)

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**



**PROJECT/PROGRAM INFORMATION** CITY MANAGER'S OFFICE

Amount Requested: \$ 50,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Emergency Gas/Food/Shelter Start Date: 7-1-2022 End Date: 6-30-2021

Physical Address of Project/Program: 29760 Rancho California Road, Temecula, CA 92591  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Project Touch,

Mailing Address: 30141 Antelope Road, D103, Menifee, CA 92584

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: God's Fan Club dba Project TOUCH Year Founded: 2003

Website: www.projecttouchonline.com Social Media: projecttouch

Number of Paid Staff: 1 Number of Volunteers: 45

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Anne Unmacht Title/Position: Executive Director

Contact Person's Direct Telephone: 909-821-7890 Contact Person's Email: anne@projecttouchonline.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 09-03-2003  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 73-1681483 State Identification Number: 2553261

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

1.  Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2.  Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
3.  Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

**BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.**

Mission: GODS FAN CLUB dba PROJECT TOUCH (Together Our Unity Conquers Homelessness)-working together within our communities together with civil and business organizations to effectively overcome homelessness and establish effective methods of homeless prevention.  
Since 2003 Project TOUCH has been "saving lives" by providing the following client services:  
1) 21 day emergency shelter for homeless and those left unsheltered, such as women and children left unsheltered due to abuse at home, this housing is available 24x7, fully stocked with and linens and other essentials for families.  
2) supportive transitional housing, 235 bed capacity for homeless/unsheltered, single mothers, single men and women, veterans and seniors, emancipated foster youth, including 45-55 children in residence, average length of stay is 90 days to 18 months, time needed to gain employment and find permanent housing.  
3) Police Response-responds 24/7 to calls from local police departments to assist in homeless/unsheltered situations.  
4) Direct Emergency Assistance: funds/or gift cards for motel stays, food, gasoline, bus tickets and any other emergency needs, such as infant needs for mothers with babies;  
5) Food Security-providing stocked pantries and cupboards for clients.  
6) Resource referrals-a dedicated resource of PROJECT TOUCH responds to hundreds of calls monthly to connect callers to important government and social benefits.  
7) Divine Discount Thrift Store- offers clients the opportunity to participate in on-the-job training, in addition to providing a revenue source for Project TOUCH

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

This Application has been authorized by the organization's:

Executive Committee

Board of Directors

Members-at-Large

## MISSION STATEMENT OF ORGANIZATION

### BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

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Since 2003 Project TOUCH has been "saving lives" by providing the following client services:

- 1) 21 day emergency shelter for homeless and those left unsheltered, such as women and children left unsheltered due to abuse at home, this housing is available 24x7, fully stocked with and linens and other essentials for families;
- 2) supportive transitional housing, 235 bed capacity for homeless/unsheltered, single mothers, single men and women, veterans and seniors, emancipated foster youth, including 45-55 children in residence, average length of stay is 90 days to 18 months, time needed to gain employment and find permanent housing;
- 3) Police Response-responds 24/7 to calls from local police departments to assist in homeless/unsheltered situations;
- 4) Direct Emergency Assistance: funds for gift cards for motel stays, food, gasoline, bus tickets and any other emergency needs, such as infant needs for mothers with babies;
5. Food Security-providing stocked pantries and cupboards for clients;
- 6) Resource referrals-a dedicated resource of PROJECT TOUCH responds to hundreds of calls monthly to connect callers to important government and social benefits;
- 7) Divine Discount Thrift Store- offers clients the opportunity to participate in on-the-job training, in addition to providing a revenue source for Project TOUCH

## FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$ 1,000	2021	Council Member
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 45,000	Wells Fargo Foundation	2020,2021,2022
\$ 10,000	Riverside County-ARPA	2021
\$ 10,000	Riverside County-CID Funds	2020, 2021
\$ 150,000	Business Sponsorships	annual
\$ 150,000	In-kind donations-food, etc.	annual
\$ 50,000	net proceeds from Divine Discount Thrift Store	annual
\$ 125,000	Fundraising events	annual
\$ 400,000	Program fees	annual

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Temecula grant funding will support the following: 1) gas cards and/or bus/airline tickets to reunite families together and seek and keep employment in order to gain self-sufficiency; 2) food cards to buy groceries for 21-days emergency shelter and for clients to shop for specific food and necessities for infants, children, diabetics and other medical conditions; 3) rental assistance for Temecula residents that entered 21-day emergency stay program and now have to move to transitional housing but have not received government benefits yet nor have any income; 4) rental assistance to Temecula residents that currently rent in Temecula and have fallen behind or at risk of homelessness, a form of homeless prevention.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Gas Cards  
Bus Passes  
Airline Tickets

Food from local grocery stores to stock pantries of 21-day emergency stay program  
Food gift cards from local grocery stores for clients to get food and necessities for infants, children, seniors, veterans, diabetics and those with other medical conditions.  
Rental assistance to Temecula clients residing within zip codes: 1) as a form of homeless prevention to clients that have fallen behind in rent; 2) for clients currently in 21-day emergency stay program who now need to transfer to PT supportive transitional housing but have not received government benefits yet nor have income;

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by the following:  
 \* homeless/unsheltered clients specifically referred by the City of Temecula Police and Taskforce.  
 \* clients that have entered program on their own that reside in the required zipcodes.  
 \* clients that reside in the apartments, homes or duplexes located in City of Temecula;  
 Benefits:  
 Gas cards will help clients either keep their employment or conduct job search to gain employment which leads to self-sufficiency;  
 Bus passes will help clients get to work if they don't have a car and/or be reunited with their families  
 Airline tickets will help clients become reunited with their families  
 Food cards for clients who have entered program on their own that resided in the required zipcodes  
 Food cards for clients that reside in apartments, homes or duplexes located in the City of Temecula  
 Funding for food needed for 21-day emergency stay program  
 Rental assistance for clients moving from 21-day emergency stay program to transitional housing.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

200

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

45



PROJECT/PROGRAM DESCRIPTION

CONTINUED

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Request funding for gas cards, bus passes and airline tickets to be used for family reunification and/or employment or job search, food cards to fill 21-day stay units and for clients to shop at local grocery stores, rental assistance for clients transferring to transitional housing from Temecula.

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

COVID-19 PANDEMIC: The pandemic affected the clients of Project TOUCH by increasing the need for masks, wipes, cleaning supplies, and food as many fell ill to COVID and rooms had to be cleaned as much as possible and interactions between clients kept small. More rooms were needed for emergency shelter and motel vouchers. Although Project TOUCH is a sustainable agency through grants, donations and sponsorships, it was not able to hold its annual fundraising golf tournament for two years in a row. Volunteers declined due to fear of spread of COVID, but in-kind donations from churches, business and civic agencies kept supplies stocked, even though there were supply chain shortages.

INFLATIONARY CONCERNS: With the pandemic handled, though there are new variants coming out all the time, gas prices rising, food shortages and supply delay, rental properties raising rents and not willing to lease housing for homeless so they can get higher rents from public, Project TOUCH is concerned about funding needed to keep clients working and working towards self-sufficiency, if they cannot afford gas for cars or bus passes. Food donations are decreasing as more donors and civic agencies have less to spare while it is of the utmost concern to be able to afford food to feed the families and children in our 245 bed capacity agency. More Temecula residents are entering PT 21-day emergency stay program because they have fallen behind on rent/ mortgage due to unemployment or not having the funds to afford rising rent, food and gas costs.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

Continue Existing Program: Funds will assist in continuing existing programs of providing Project TOUCH clients with gas cards and bus passes to either be reunited with family or keep or gain employment; allow Project Touch to buy food for emergency 21-day stay units and purchase food gift cards for clients of PT to be able to shop at local Temecula grocery stores; supplement rental assistance program for PT clients moving from emergency 21-day stay units to transitional housing because public social benefits are not available yet nor does client have income and/or a job.

PROJECT/PROGRAM BUDGET (do not fill in shaded areas)		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 50,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 400,000	
Other grants or funding already awarded for Project/Program, if any	\$ 15,000	
In-Kind match amount or volunteer credit hours estimated amount	\$ 175,000	
<b>TOTAL REVENUE</b>	<b>\$ 640,000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$
Supplies		\$
Marketing		\$
Services 21 days stay, transitional housing for Temecula homeless and unsheltered, victims of domestic violence		\$ 315,000
Food food purchased for 21 day stay units, food cards to local grocery stores for clients		50,000
Other gas cards for employment and medical appointments, bus passes, and airline tickets for family reunification		\$ 100,000
Staffing Expense THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE. In-kind Volunteer		\$ 175,000
<b>TOTAL EXPENSES</b>		<b>\$</b>
<b>TOTAL BUDGET</b>	<b>\$ 640,000</b>	<b>\$ 640,000</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** not applicable **Name of Project/Program:** \_\_\_\_\_

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** \$ \_\_\_\_\_ **Month & Year CSF Grant Received from City:** \_\_\_\_\_

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			\$	EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

- The applicant acknowledges and agrees to the following:
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
  - Every Community Service Funding application is considered individually and on its own merit.
  - Awards will be given to organizations and activities that directly benefit the residents of Temecula.
  - Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
  - The awarding of Community Service Funding does not constitute an automatic annual allocation.
  - The recognition for Community Service Funding should accrue to the City of Temecula.
  - Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
  - Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
  - The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
  - If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** God's Fan Club dba Project TOUCH

**MAILING ADDRESS:** 30141 Antelope Road, D103      **PHONE:** (909) 821-7890  
Menifee, CA 92584      **EMAIL:** anne@projecttouchonline.com

**PRESIDENT / AUTHORIZED OFFICER:** Anne Unmacht      Executive Director  
PRINT NAME      TITLE

**SIGNATURE:**       **DATE:** 9-4-2022  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** \_\_\_\_\_  
PRINT NAME      TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

**Questions:**    [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
                      [Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



## Entity Status Letter

Date: 7/17/2022

ESL ID: 7808627684

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2553261

Entity Name: GOD'S FAN CLUB A NON-PROFIT ORGANIZATION

1. The entity is in good standing with the Franchise Tax Board.
2. The entity is **not** in good standing with the Franchise Tax Board.
3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
4. We do not have current information about the entity.
5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



[Home](#) > [Tax Exempt Organization Search](#) > [Gods Fan Club](#)

[< Back to Search Results](#)

## Gods Fan Club

EIN: 73-1681483 | Menifee, CA, United States

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### Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes

**Deductibility Code:** PC

### Form 990-N (e-Postcard) ⓘ

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Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> [Tax Year 2008 Form 990-N \(e-Postcard\)](#)

### Copies of Returns (990, 990-EZ, 990-PF, 990-T) ⓘ

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Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.

> [Tax Year 2019 Form 990](#)

> **Tax Year 2018 Form 990**

> **Tax Year 2017 Form 990**

> **Tax Year 2016 Form 990**

> **Tax Year 2015 Form 990**

*Page Last Reviewed or Updated: 20-November-2020*



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the <b>2020</b> calendar year, or tax year beginning <b>2020</b> , and ending <b>20</b>	
<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> GOD'S FAN CLUB 30141 ANTELOPE RD D-103 MENIFEE, CA 92584
<b>D</b> Employer identification number 73-1681483	<b>E</b> Telephone number 951-677-9661
<b>G</b> Gross receipts \$ <b>1,060,782.</b>	
<b>F</b> Name and address of principal officer: <b>ANNE UNMACHT</b>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>projecttouchonline.com</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>2003</b>	<b>M</b> State of legal domicile: <b>CA</b>

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BRIDGING INDIVIDUAL AND COLLECTIVE BODIES OF FAITH WITHIN OUR COMMUNITIES TOGETHER WITH CIVIL AND BUSINESS ORGANIZATIONS TO OVERCOME HOMELESSNESS AND ESTABLISH EFFECTIVE METHODS OF HOMELESS PREVENTION.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	<b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a).....	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>	<b>325</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11.....	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b> 505,363.	<b>Current Year</b> 507,900.
	<b>9</b> Program service revenue (Part VIII, line 2g).....	324,726.	429,390.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	-88.	219.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e).....	59,198.	79,427.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	889,199.	1,016,936.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	220,254.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		19,280.	23,787.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		528,459.	556,101.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	767,993.	943,607.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	121,206.	73,329.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16).....	<b>Beginning of Current Year</b> 2,486,904.	<b>End of Year</b> 3,237,730.
	<b>21</b> Total liabilities (Part X, line 26).....	1,596,092.	2,273,589.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	890,812.	964,141.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	ANNE UNMACHT <small>Type or print name and title</small>		President	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Elizabeth Nigro, CPA	Elizabeth Nigro, CPA		P00222251
	Firm's name ▶ NIGRO & NIGRO PC			
	Firm's address ▶ 25220 Hancock Ave Ste 400 MURRIETA, CA 92562	Firm's EIN ▶ 30-0636241	Phone no. (951) 698-8783	

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



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

BRIDGING INDIVIDUAL AND COLLECTIVE BODIES OF FAITH WITHIN OUR COMMUNITIES TOGETHER WITH CIVIL AND BUSINESS ORGANIZATIONS TO OVERCOME HOMELESSNESS AND ESTABLISH EFFECTIVE METHODS OF HOMELESS PREVENTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If "Yes," describe these new services on Schedule O. [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O. [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 747,483. including grants of \$ 363,719.) (Revenue \$ )

TRANSITIONAL PROGRAM - WE PROVIDE SHARED AND HOMELESS PREVENTION HOUSING WITH 230 BEDS. WE PROVIDE A WIDE ARRAY OF SERVICES WHICH INCLUDE: EMERGENCY, TRANSITIONAL AND PERMANENT SUPPORT HOUSING WHICH ASSISTS FAMILIES, SINGLE MOTHERS, SENIOR CITIZENS, DISABLED PERSONS, VETERANS AND SINGLE MEN AND WOMEN IN SOUTHWEST RIVERSIDE COUNTY. IN THE WINTER MONTHS THE NUMBER HOUSED INCREASES UP TO 255 BEDS. OTHER SERVICES WE ASSIST WITH IN HOMELESS SITUATIONS FOR EMERGENCY ASSISTANCE ARE MOTEL STAYS, FOOD, GAS, CLOTHING AND TRANSPORTATION AND OTHER EMERGENCY NEEDS. WE PROVIDE RESOURCES FOR SOCIAL SERVICES, DRUG AND ALCOHOL REHAB PROGRAMS, MENTAL HEALTH AND WORK CLOSLY WITH THE LOCAL LAW ENFORCEMENT, ADULT PROTECTIVE SERVICES, CHILD PROTECTIVE SERVICES AND MANY MORE TO ASSIST IN HOUSING THE HOMELESS.

4b (Code: ) (Expenses \$ 65,709. including grants of \$ ) (Revenue \$ )

WINTER SHELTER - PROVIDES OVERNIGHT SHELTER FOR APPROXIMATELY FOUR-MONTHS PER YEAR DECEMBER TO APRIL - TO MEET THE NEEDS OF HUNDREDS OF TEMECULA & MURRIETA HOMELESS EACH WINTER. SERVING DINNER AND BREAKFAST 7 DAYS PER WEEK WHILE SHELTER IS OPEN.

4c (Code: ) (Expenses \$ 61,891. including grants of \$ ) (Revenue \$ )

THRIFT STORE - OUR DIVINE DISCOUNT THRIFT STORE PROVIDES A WORKABILITY PROGRAM THAT TRAINS CLIENTS FOR FUTURE WORK IN RETAIL, INVENTORY, WAREHOUSE, STOCKING, CASH REGISTER AND CUSTOMER SERVICE SKILLS.

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

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

4e Total program service expenses 875,083.

FY 2022/2023

COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA

GRANT APPLICATION #

**38**

**ROCK YOUR RED**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 25,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Rock Your Red Nonprofit  
Cardio/Stroke Awareness  Start Date: 11/2022 End Date: \_\_\_\_\_

Physical Address of Project/Program: PO Box 1641, Temecula, CA 92590  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: Rock Your Red Nonprofit  
Mailing Address: 45571 Ponderosa Court  
Temecula, CA 92592

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Rock Your Red Nonprofit,  
Organization: Denyse Wilson  Year Founded: 2015

Website: www.Rockyourred.info Social Media: FB: Rock Your Red

Number of Paid Staff: 0 Number of Volunteers: 12-14

Geographic Area(s) the Organization Serves: Temecula, Murrieta, Winchester

Geographic Area(s) the Project/Program Serves: Temecula

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE **EXCLUSIVELY** USED TO SERVE TEMECULA.

Contact Name: Denyse Wilson Title/Position: CEO/Founder

Contact Person's Direct Telephone: 909-224-3984 Contact Person's Email: Denysewilson1@gmail.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 5/1/20  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 85-2536062 State Identification Number: \_\_\_\_\_

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doi.ca.gov/Verification/Web/Search.aspx?facility=Y>

**APPLICATION AUTHORIZATION**

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

**MISSION STATEMENT OF ORGANIZATION**

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Mission: Is to significantly improve the cardiovascular health and wellbeing of the members of our community through education awareness, training, support, and services to reduce the lives lost to cardiovascular diseases.

Goal: To provide free preventable education & services to our Heart community to reduce the overall death rate by 10%.

Objective: Promote a healthy way of living free of heart and stroke diseases where each person have a chance to make a healthy choice.

**FINANCIAL STATEMENTS**

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

**1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.**

1. Organize defibrillator & BP training at High schools, Community events, Senior senior, special needs adults etc. 2. Outreach programs teaching warning signs of heart attacks and stroke. 3. Provide BP tool kits, pamphlets, health screening for underrepresented population and community. 4. Organize health fairs, education webinars. 5. Partner with health coach, dietitian, fitness coach, TVH, AHA to provide Health services to community. 6. Rock your Red annual health event w/Drs., Nurses, health screening & assessments etc. These are just a few of the services we are working hard to provide to our community.

**2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.**

ALSO, INCLUDE A LIST OF GOODS, EQUIPMEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

- (1) Purchase BP & Emergency medical kits. (for resident training)
- (2) Purchase portable AEDs and educational supplies (for training)
- (3) Marketing materials, Health & Wellness seminars, Dietitian training
- (4) Laptop, Printer, Scanner, Label maker, projector, screen
- (5) Provide meal gift cards to assist Temecula residents after cardiovascular surgeries
- (6) Free lunch/snacks for Temecula residents at health events hosted by Rock Your Red.
- (7) Host mini health fairs in Temecula with AHA, TVH, Wellness Coaches

**3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.**

Each program, workshop, training, webinar and services will be customized to accomodate our diverse community by focusing on their needs, health, overall well-being, but not limited to our seniors, military, special needs, adults, school aged, homeless, etc. Our services will consist of those who live in Temecula areas of 92590, 92591, 92592. These services will remain free to our Temecula residents.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	15%-25%
3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	18-20

**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

Cardiovascular disease is the leading cause of deaths in the United States, according to the Center for Disease Control and Prevention. The American Heart Association estimates that more than 90 million Americans are living with some form of heart disease or after-effect of stroke. These grant funds will be used only for our Temecula residents to provide programs, health events, workshops, webinars to educate, our Men, women, children, special needs, homeless, military, etc. on how to live a healthy life, free of cardiovascular diseases for all!

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

Due to the COVID-19 Panademic we were not able to hold our face-to-face events to reach the maximum levels we were used to, but we did hold a zoom health and wellness event which attracted over 90 people. We also were able to put together a team for the virtual heart walk benefiting heart and stroke. This is an important cause and we believe we must continue educating, training and saving lives by being a resource in our community and this grant will help us do that. We kindly ask that you would approve our grant of \$25,000. Thank you.

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL: (1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM, AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

With the approval of the \$25,000 grant our annual event that provides one-on-one health questions and answers with a cardiologist, stroke physicians, nurses, health fair attendees, etc can now reach our Temecula community FREE of charge to all who would like to attend including lunch. A few of our new projects that this grant will assist with is providing Blood Pressure kits to our community of residents living with high BP after they have attended a training or workshop on "Living with High BP". Another new project/program will be purchasing AED units to train residents in our community, HOAs, schools etc. how to use them in an emergency. We would also like to provide screening to our population in lower income areas, special needs, disadvantaged etc. Healthy

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 25,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 4,000	
Other grants or funding already awarded for Project/Program, if any	\$ 0	
In-Kind match amount or volunteer credit hours estimated amount	\$ 2,500	
<b>TOTAL REVENUE</b>	<b>\$ 31,500</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
<b>Tools/Equipment</b>	Laptop, printers, projector, screen, scanner, AED, CPR kit, 1st aid kit, BP machines, etc	<b>\$3,500</b>
<b>Facilities/Rent/Insurance</b>	Rental space for events & workshops etc. Office shared space-HeraHub, Non-Profit insurance +	<b>\$1,800</b>
<b>Supplies</b>	Credit card reader, pens, paper, ink, labels, stationary, binders, folders etc. +	<b>\$1,300</b>
<b>Marketing</b>	Mailings, flyers, handouts, stamps, postcards, signs, website & FB fees +	<b>\$2,000</b>
<b>Services</b>	BP training, Dietitian, health coach, Presenters/Speakers: Nurses and Doctors etc. +	<b>\$1,500</b>
<b>Food</b>	lunch & snacks provided at workshops, live events, training etc. (only free for Temeculans) +	<b>\$3,000</b>
<b>Other</b>	Miscellaneous, things that may come up that's not budgeted. +	<b>\$1,000</b>
<b>Staffing Expense</b>	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	<b>\$0</b>
<b>TOTAL EXPENSES</b>		<b>\$14,100</b>
<b>TOTAL BUDGET</b>	<b>\$</b>	<b>\$20,000</b>



**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

Organization: **Rock Your Red Nonprofit,** Name of Project/Program: **Rock Your Red Nonprofit**  
**Denyse Wilson**  **Cardio/Stroke Awareness**

FY 2021-2022 Amount of \$ \_\_\_\_\_

CSF Grant Fund Awarded: \_\_\_\_\_ Month & Year CSF Grant Received from City: \_\_\_\_\_

Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number): \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**  
**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation-including-the-table-below-with accompanying receipts/invoices, must be submitted-to-the-City-as-outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
 Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Rock Your Red Nonprofit,</u>		Name of Project/Program: <u>Rock Your Red Nonprofit</u>			
<u>Denyse Wilson</u>		<u>Cardio/Stroke Awareness</u>			
TOTAL FY 2022-2023		Month & Year <u>FIRST \$5,000 check</u>			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes ___ or No ___ (already submitted). 2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City 3. Is this Expenditure Report is submitted to request reimbursement of funds? No ___ or Yes ___ If yes, Amount of Request \$ _____.					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure <small>MUST SUPPORT PROJECT/PROGRAM IN APPLICATION &amp; AWARD LETTER</small>		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Rock Your Red Nonprofit, Denyse Wilson ■

**MAILING ADDRESS:** 45571 Ponderosa Court **PHONE:** (909) 224-3984  
Temecula, CA 92592 **EMAIL:** Denysewilson1@gmail.com

**PRESIDENT / AUTHORIZED OFFICER:** Denyse Wilson, CEO/Founder  
PRINT NAME TITLE

**SIGNATURE:**  **DATE:** Sept. 6, 2022  
MONTH, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** \_\_\_\_\_  
PRINT NAME TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

**Questions:** [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

ROCK YOUR RED  
C/O SHARON DENYSE WILSON  
45571 PANDEROSA COURT  
TEMECULA, CA 92592

Date: 09/02/2022  
Employer ID number: 85-2536062  
Person to contact: Name: Suzanne Richey  
ID number: 50750  
Telephone: 877-829-5500  
Accounting period ending: December 31  
Public charity status: 509(a)(2)  
Form 990 / 990-EZ / 990-N required: Yes  
Effective date of exemption: May 1, 2020  
Contribution deductibility: Yes  
Addendum applies: No  
DLN: 26053603004162

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



STATE OF CALIFORNIA  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0540

## Entity Status Letter

Date: 9/20/2022

ESL ID: 4259398646

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 4590840

Entity Name: ROCK YOUR RED

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

**Stacey Brown**

---

**From:** Denyse Wilson <denysewilson1@gmail.com>  
**Sent:** Friday, September 2, 2022 6:20 PM  
**To:** Betsy Lowrey  
**Cc:** Stacey Brown  
**Subject:** City of Temecula - Grant Funding Opportunity  
**Attachments:** Grant Application.pdf

**Follow Up Flag:** Flag for follow up  
**Flag Status:** Flagged

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Happy Labor Day Weekend Ladies! Please see attached our grant application for Rock Your Red. Our nonprofit status is pending and expected in a few weeks. I hope this application is the right one. It was the only fillable one available on the city's website. If I need to fill out another one, please forward it to me and I will complete it ASAP. Thank you.

On Thu, Jun 30, 2022 at 9:08 PM Betsy Lowrey <betsy.lowrey@temeculaca.gov> wrote:

Good evening – I'm pleased to share the attached Press Release that announces an exciting funding opportunity for local nonprofit organizations that provide charitable goods and services for the benefit of Temecula residents.

Thank you,

**Betsy Lowrey**  
Assistant to the City Manager  
City of Temecula  
(951) 693-3959  
[betsy.lowrey@TemeculaCA.gov](mailto:betsy.lowrey@TemeculaCA.gov)  
41000 Main St, Temecula, CA 92590



*Please note that email correspondence with the City of Temecula, along with attachments, may be subject to the California Public Records Act, and therefore may be subject to disclosure unless otherwise exempt.*

--  
**Denyse Wilson, CRS, Realtor**

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**39**

**ROTARY CLUB OF TEMECULA**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**



CITY MANAGER'S OFFICE

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 30,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Food for low-income seniors, veterans and students Start Date: 7-1-2022 End Date: 5-30-2023

Physical Address of Project/Program: \_\_\_\_\_

INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: P.O. Box 64, Temecula, CA 92593

Mailing Address: \_\_\_\_\_

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant

Organization: Rotary Club of Temecula Year Founded: 1999

Website: www.rotarycluboftemecula.com Social Media: Rotary of Temecula

Number of Paid Staff: 1 Number of Volunteers: 100

Geographic Area(s) the Organization Serves: Temecula Valley

Geographic Area(s) the Project/Program Serves: Temecula Valley

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Kim Gerrish Title/Position: President

Contact Person's Direct Telephone: 951-265-3936 Contact Person's Email: rotaryking@gmail.com

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 5-4-1999

No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 33-0856109 State Identification Number: 2163211

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link:  
[https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>



### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

Rotary international motto is "service above self" as is the goal of ROTARY Temecula Noon club. Objectives: 1) to serve low-income seniors, veterans, military, and low-income students and their families residing in Temecula Valley with supplemental food both monthly and during cold weather months; 2) purchase food boxes, other food and grocery store gift cards from local grocery superstores and grocery chains; 3) members contribute non-perishable foods; 4) deliver to seniors (monthly) in Temecula and to low income students with families during the cold weather months of November and December. 5) provide transportation vouchers to home bound senior, veterans and military to access healthcare appointments by using transportation services available in the City of Temecula.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
food boxes for seniors, students/families in Temecula	\$ 5,000	FY 21-22 Jan	CSF
food boxes for seniors, students/families in Temecula	\$ 5,000	FY 20-21	CSF
monthly food boxes for low income seniors	\$ 1,000	June 2022	Council Member Funds
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 5,000	Riverside County Supervisor-Chuck Washington	21-22
\$ \$15,000	Loma Linda University Healthcare-	21-22
\$ \$5,000	State Farm	21-22
\$ 6,000	ROTARY District 5330	21-22
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

### 1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

Funding will be used to support 1) food boxes, other food, grocery gift cards for low-income seniors, veterans, military, and TVUSD students and their families either monthly and during cold weather months of November and December; 2) transportation vouchers/gas cards to be distributed to home bound seniors to schedule transportation services to access healthcare appointments. All low-income recipients are referred by TVUSD, Mary Phillips Center and Temecula Veteran office and City of Temecula homeless task force. All food purchases and grocery gift cards will be purchased from local grocery stores in Temecula. All transportation vouchers will be used by services available in Temecula.

### 2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPEMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

Food Boxes from local agency= \$5,000  
 Other Food from grocery stores=\$5,000  
 Grocery Gift Cards from grocery stores=\$5,000

Transportation Vouchers= \$15,000 (using services like GOGO Grandparents, LYFT, UBER, bus passes

### 3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

Grant funding specifically benefits low-income seniors and veterans as identified at low income housing in Temecula, or by Mary Phillips Center or Elizabeth Hospice. On average 25 seniors are served food boxes monthly residing in Temecula. Additionally, TVUSD personnel identifies low income students and their families for delivery of supplemental food baskets distributed during the cold weather months of November and December. Seniors in need of transportation to access healthcare are identified by seniors living in low income housing in Temecula, the Mary Phillips Center and Elizabeth Hospice.

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:

660

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:

100

**PROJECT/PROGRAM DESCRIPTION**  
***CONTINUED***

**4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.**

Request funds to be used to provide supplemental food to low-income seniors, veterans, military and TVUSD students and families both monthly and/or during the cold weather months; and transportation assistance to low-income seniors to access healthcare.

**5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.**

Rotary Club of Temecula started the senior supplemental food box deliveries at the beginning of COVID to help low income seniors get food since their population was at risk of exposure to COVID. After the pandemic ended in 2021, the seniors still needed food every month, as they survive on limited incomes. Now with the recession, food is extremely expensive and difficult to afford. Transportation services needed to access healthcare has become another challenge for seniors who can no longer have a car or drive and/or have funds to pay for transportation to their medical appointments.

**6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.**

Funds will expand the existing programs by supporting RC Temecula Noon providing/serving an additional 25% of low-income seniors, veterans, military and TVUSD students/families either food boxes, other foods or grocery gift cards on an annual basis. Additionally, funds will support transportation assistance for low-income seniors needing access to healthcare appointments. All funds will be spent in Temecula and benefit Temecula residents.

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 30,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 20,000	
Other grants or funding already awarded for Project/Program, if any	\$ 10,000	
In-Kind match amount or volunteer credit hours estimated amount	\$	
<b>TOTAL REVENUE</b>	<b>\$ 60,000</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
Tools/Equipment		\$
Facilities/Rent/Insurance		\$
Supplies		\$
Marketing		\$
Services		\$
Food		\$30,000
Other - transportation assistance for seniors to access healthcare		\$30,000
Staffing Expense	THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.	\$
<b>TOTAL EXPENSES</b>		<b>\$ 60,000</b>
<b>TOTAL BUDGET</b>	<b>\$ 60,000</b>	<b>\$ 60,000</b>

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.

If your organization was awarded a Community Service Funding Grant in FY 2021-2022 (last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** Rotary Club of Temecula Foundation      **Name of Project/Program:** \_\_\_\_\_

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** \$ 5,000      **Month & Year CSF Grant Received from City:** 01-2022

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** 550

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1	Walmart	12/22/21	\$ 980.00	Grocery gift cards	Food for low-income Seniors
2	Walmart	12/20/21	\$ 1,760	Grocery gift cards	Food for low income seniors, military, veterans, families
3	Western Eagle Foundation	7-20-21	\$ 645.00	Food boxes	Monthly food boxes for low-income seniors
4	Western Eagle Foundation	9-21-21	\$ 315.00	Food boxes	Monthly food boxes for low income seniors
5	Western Eagle Foundation	10-19-21, 1-18-2021, 2-15-2021	\$ 375.00, 270.00, 300.00	Food boxes	Monthly food boxes for low income seniors
6	Walmart	12-21-2021	\$2,469.59 \$2,570.43	Spiral hams	Food for TVUSD low income students and families
<b>EXPENDITURE TOTAL</b>			<b>\$9,685.02</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Rotary Club of Temecula Foundation

**MAILING ADDRESS:** PO Box 64 **PHONE:** (951) 265-3936

Temecula, CA 92593 **EMAIL:** rotaryking@gmail.com

**PRESIDENT / AUTHORIZED OFFICER:** Kim Gerrish President 22-23

PRINT NAME

TITLE

**SIGNATURE:**  **DATE:** 8-31-2022

MONTH, DAY, YEAR

IF DIFFERENT THAN ABOVE,  
APPLICATION PREPARED BY: \_\_\_\_\_

PRINT NAME

TITLE

**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: [Stacey.Brown@TemeculaCA.gov](mailto:Stacey.Brown@TemeculaCA.gov) (951) 694-6413  
[Betsy.Lowrey@TemeculaCA.gov](mailto:Betsy.Lowrey@TemeculaCA.gov) (951) 693-3959



HELP ⓘ

MENU ☰

[Home](#) > [Charities and Non-Profits](#) > [Search for Charities](#) > Tax Exempt Organization Search

# Results for Tax Exempt Organization Search

## Select Database ⓘ

Search All



## Search By ⓘ

Employer Identification Number (EIN)



## Search Term ⓘ

330856109

## City

Temecula

## State

All States



## Country

United States



Search

Reset

[Search Tips](#)

Showing 1-1 results of 1

Sort by:

Name A-Z



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**Rotary Club Of Temecula Foundation**



Items per page: 25 ▼

[Return to Top](#)

## Additional information

- [Frequently asked questions - Exempt Organizations Select Check](#)
- [Revocations of 501\(c\)\(3\) Determinations](#)
- [Suspensions Pursuant to Code Section 501\(p\)](#)
- [Exempt Organizations Business Master File Extract \(EO BMF\)](#): a list of organizations recognized as exempt by the IRS
- [Tax Exempt Organization Search: Bulk Data Downloads](#)

Page Last Reviewed or Updated: 20-November-2020



<b>Our Agency</b>	<b>Know Your Rights</b>	<b>Resolve an Issue</b>	<b>Other Languages</b>	<b>Related Sites</b>
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate Service	Independent Office of Appeals	中文 (简体) 中文 (繁體)	Treasury Inspector General for Tax Administration
Help	Civil Rights	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Freedom of Information Act	Report Phishing	Русский	
Tax Stats, Facts & Figures	No Fear Act	Tax Fraud & Abuse	Tiếng Việt Kreyòl ayisyen English Other Languages	



## Entity Status Letter

Date: 8/31/2022

ESL ID: 1161199347

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2163211

Entity Name: ROTARY CLUB OF TEMECULA FOUNDATION

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
916-845-6500 from outside the United States

California  
Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2020

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

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

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

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ROTARY CLUB OF TEMECULA FOUNDATION**

**D** Employer identification number  
**33-0856109**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. BOX 64**

**E** Telephone number  
**951-837-5736**

City or town, state or province, country, and ZIP or foreign postal code  
**TEMECULA, CA 92593**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **WWW.ROTARYCLUBOFTEMECULA.COM**

**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. ▶ \$ **97,205.**

**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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>		97,150.
	<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>	SEE SCHEDULE O	55.
	<b>5a</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>7a</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</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>		97,205.	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	SEE SCHEDULE O	11,996.
	<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>		5,400.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	SEE SCHEDULE O	69,494.
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>		86,890.	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>		10,315.
	<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>		126,258.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>		0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>		136,573.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

**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
22 Cash, savings, and investments	119,133.	130,028.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	7,125.	7,125.
25 Total assets	126,258.	137,153.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	580.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	126,258.	136,573.

**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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	13,400.
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	43,984.
30 INTERNATIONAL SERVICE FOR THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE.		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,814.
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	66,198.

**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) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JUDY ZULFIQAR PRESIDENT	40.00	0.	0.	0.
CHERISE MANNING PRESIDENT ELECT	15.00	0.	0.	0.
KIM GERRISH VICE PRESIDENT	15.00	0.	0.	0.
ALLEN ORR TREASURER	15.00	0.	0.	0.
TINA ROY SECRETARY	15.00	0.	0.	0.
LEIF JACOBSEN IMMEDIATE PAST PRESIDENT	15.00	0.	0.	0.
ALLYSON TRANTUM FOUNDATION	15.00	0.	0.	0.
DEBRA JOHNSON COMMUNITY SERVICE	15.00	0.	0.	0.
ALYSON DRAGO INTERNATIONAL	15.00	0.	0.	0.
CAROL POPEJOY CLUB SERVICE	15.00	0.	0.	0.
JENNIFER EVANS PUBLIC RELATIONS	15.00	0.	0.	0.
JULIE NGO MEMBERSHIP	15.00	0.	0.	0.

**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 Sch. O to respond to any question in this Part V

		Yes	No
33	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		X
34	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		X
35a	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)?		X
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	N/A	
c	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		X
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	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?	38a	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	40b	X
c	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		0.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	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	40e	X
41	List the states with which a copy of this return is filed	CA	
42a	The organization's books are in care of	SUSIE MARSHALL	
	Located at	P.O. BOX 64, TEMECULA, CA	
	Telephone no.	951-837-5736	
	ZIP + 4	92593	
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)?	42b	X
	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).		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<input type="checkbox"/>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	45b	

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

Table with Yes/No columns. 46: Yes (empty), No (X)

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(n) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. 47: Yes (empty), No (X); 48: Yes (empty), No (X); 49a: Yes (empty), No (X); 49b: Yes (empty), No (empty)

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All cells contain 'NONE'.

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

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." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All cells contain 'NONE'.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

X 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: ALLEN ORR, TREASURER

Paid Preparer Use Only

Print/type preparer's name: MICHAEL R. NOON; Preparer's signature; Date; Check if self-employed; PTIN: P00646857; Firm's name: NOON & ASSOCIATES CPAS, INC.; Firm's EIN: 84-1866984; Firm's address: 27555 YNEZ RD, STE 135, TEMECULA, CA 92591; Phone no.: (951) 676-2814

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

X Yes No

**FY 2022/2023**

**COMMUNITY SERVICE FUNDING  
REINVESTMENT IN TEMECULA**

**GRANT APPLICATION #**

**40**

**SANTA ROSA PLATEAU  
FOUNDATION**

**CITY OF TEMECULA**

**FISCAL YEAR 2022 - 2023  
COMMUNITY SERVICE FUNDING - REINVESTMENT IN TEMECULA  
PROGRAM APPLICATION**

*(Please Print or Type)*

**DUE ON OR BEFORE: MONDAY, SEPTEMBER 12, 2022**

**PROJECT/PROGRAM INFORMATION**

Amount Requested: \$ 13,000 MAXIMUM ALLOWABLE: \$50,000 PER ORGANIZATION

Project/Program Title: Promotion Environmental Protection through Education ("PEPE") Start Date: Jan 2023 End Date: Dec 202

Physical Address of Project/Program: 39400 Clinton Keith, Murrieta and TVUSD Schools  
INCLUDE IF DIFFERENT THAN ORGANIZATION'S MAILING ADDRESS

If Grant is Awarded, Make Check Payable to: SRPNEF  
Mailing Address: P.O. Box 941  
Murrieta, CA 92564

**ORGANIZATION AND GEOGRAPHIC AREA SERVED**

Name of Applicant Santa Rosa Plateau Nature Education Foundation  
Organization: Education Foundation Year Founded: 2003

Website: srpnef.org Social Media: Yes

Number of Paid Staff: 3 Number of Volunteers: 250

Geographic Area(s) the Organization Serves: Southwest Riverside County

Geographic Area(s) the Project/Program Serves: TVUSD - High School Students

NOTE: COMMUNITY SERVICE FUNDING GRANT PROGRAM FUNDING MUST BE EXCLUSIVELY USED TO SERVE TEMECULA.

Contact Name: Ginger Greaves Title/Position: Executive Director

Contact Person's Direct Telephone: 909-732-2209 Contact Person's Email: execdirector@srpnef.org

**NONPROFIT STATUS**

Is this organization incorporated as a nonprofit? Yes  Date of Incorporation as a Nonprofit: 2003  
No  IF NO, THEN INELIGIBLE TO RECEIVE CITY FUNDING

Federal Identification Number: 71-0946697 State Identification Number: 2531858

PRINT OUT AND ATTACH TO THIS APPLICATION VERIFICATION FROM FEDERAL (IRS) AND STATE (FTB) AS FOLLOWS:

- Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
- Attach State Entity Status Letter using this link: [https://www.ftb.ca.gov/online/self\\_serve\\_entity\\_status\\_letter/index.asp](https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp)
- Attach first page only of most recent IRS Form 990 or attach print out of detailed info about your charity found on this State Registry's Search Tool: <http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>



### APPLICATION AUTHORIZATION

Has the organization or any members of the Board of Directors of the organization been involved with any personal business transactions valued over \$500 including any business transactions, negotiations, investments, or interests in real property with a Temecula City Council Member during the past 12 months?

No  Yes  IF YES, BRIEFLY DESCRIBE:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?

No  Yes  IF YES, PROVIDE COUNCIL MEMBER'S NAME AND TITLE WITHIN THE ORGANIZATION:

This Application has been authorized by the organization's:

Executive Committee  Board of Directors  Members-at-Large

### MISSION STATEMENT OF ORGANIZATION

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION/GOALS AND OBJECTIVES.

**Mission: To educate and empower youth to appreciate, preserve and protect nature. Goals & Objectives:**

- Reconnect a generation of youth to nature who grown up in doors and isolated from the natural world.
- Provide education, experiences and tools to guide a young citizen towards a life of environmental stewardship.

### FINANCIAL STATEMENTS

UPON REQUEST, COPIES OF THE ORGANIZATION'S CURRENT BUDGET/FINANCIAL STATEMENTS (BALANCE STATEMENT AND INCOME STATEMENT), AND IF AVAILABLE CPA'S AUDIT, MAY BE NEEDED UPON REQUEST TO DEMONSTRATE SOUND FINANCIAL MANAGEMENT. DO NOT SUBMIT NOW.

**FUNDING SOURCES**

**CITY OF TEMECULA**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM THE CITY FOR ANY PROGRAM? No  Yes  IF YES, PROVIDE BELOW.

NAME OF PROGRAM/PROJECT FUNDED BY THE CITY GRANT OR SPONSORSHIP	AMOUNT	MONTH + YEAR FUNDING RECEIVED	NAME OF CITY GRANT OR SPONSORSHIP
Distance Learning Video	\$ 2,500	December 2022	CSF Grant
SRP Fire Fund	\$ 3,500	June/July 2020	Various Council M
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**OTHER OUTSIDE SOURCES**—SINCE MARCH OF 2020, HAS THIS ORGANIZATION RECEIVED (OR IS CONCURRENTLY REQUESTING) ANY OTHER SOURCES OF FUNDING FROM ENTITIES (NOT INCLUDING THE CITY) **FOR THE SAME PROJECT/PROGRAM IN THIS APPLICATION?**

No  Yes  IF YES, PROVIDE INFORMATION IN TABLE BELOW.

AMOUNT RECEIVED	NAME OF ENTITY	MONTH + YEAR FUNDING RECEIVED
\$ 46,275	Gimbel Family Foundation	August 2022
\$		
\$		
\$		
\$		
\$		
\$		
\$		

## GRANT PROJECT/PROGRAM DESCRIPTION

IMPORTANT - RECEIPTS/INVOICES IS REQUIRED TO BE SUBMITTED TO THE CITY TO VALIDATE THE ORGANIZATION SPENT GRANT FUNDING AWARDED BY THE CITY TO SUPPORT THE PROJECT/PROGRAM AS DESCRIBED HERE

1 DESCRIBE THE PROJECT/PROGRAM THE TEMECULA GRANT FUNDING WILL SUPPORT.

**Engage TVUSD high school students and their teachers in a year-long research project studying climate change and fire on threatened and endangered plants and animals. The project involves place-based, hands-on field-work experiences, using the collaborative Nature's Notebook national platform. It will promote cross-subject engagement (STEM, Climate Literacy) while addressing specific high school standards of learning. Project involves the establishment of a collaborative community science program known as a Local Phenology Program (LPP) through the USA National Phenology Network. Students observe, study, analyze and record data to be used throughout the US by biologists/land managers.**

2 DESCRIBE HOW THE ORGANIZATION WILL SPEND THE GRANT FUNDING, IF AWARDED.

ALSO, INCLUDE A LIST OF GOODS, EQUIPMENT, AND/OR SERVICES THIS ORGANIZATION HAS PURCHASED OR PLANS TO PURCHASE WITH AWARDED FUNDS TO SUPPORT THIS PROGRAM/PROJECT.

**Note: Funds received from the Gimbel Family Foundation for the PEPE program have been geographically earmarked for high school students enrolled in schools other than TVUSD. The Gimbel grant allows for cost of salaries and coverage for substitutes when teachers accompany the students.**

**Support requested in the City of Temecula grant will be specific to the TVUSD component of the program. Equipment and services needed for the TVUSD project are transportation, PocketLabs, backpacks, interns, t-shirts, journaling supplies and supplies and chrome notebooks, binoculars. In order to teachers to participate, substitute coverage will be needed.**

3 TEMECULA RESIDENTS MUST BENEFIT FROM THIS PROGRAM/PROJECT IF AWARDED CITY FUNDING. EXPLAIN HOW THIS GRANT FUNDING SPECIFICALLY BENEFITS TEMECULA RESIDENTS.

1. **Benefits TVUSD teachers as the PEPE augments their environmental science curriculum requirements. Program aligns with the Next Generation Science Standards and California's Environmental Education Initiative.**
2. **The community in which the students live will benefit by their broadened understanding of how climate change and fire affects the plants, animals and the air they breath.**
3. **Student's college applications will be enhanced by being part of a valid research study that is generally not available to high school students.**
4. **Students are introduced to the concept of being a Citizen Scientist and learning the impact they might be able to affect right in their own back yard.**

3b ESTIMATED NUMBER OF PEOPLE FROM TEMECULA EXPECTED TO BENEFIT FROM THIS PROJECT/PROGRAM:	100
--	-----

3c ESTIMATED NUMBER OF VOLUNTEERS INVOLVED IN THIS PROJECT/PROGRAM:	15
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**PROJECT/PROGRAM DESCRIPTION**  
**CONTINUED**

4 SUMMARY STATEMENT – SUMMARIZE ANSWERS 1 – 3 ABOVE IN 50 WORDS OR LESS.

**The PEPE program will be an exciting, adventurous experience for TVUSD high school students. They'll be able to explore their curiosities and expand their knowledge about the true challenges facing our natural world due to the effects of climate change and fire. They'll learn how to research and observe plants and animals in the field; how climate change and fire have affected them. They'll record that data, and their work will be reviewed by biologists and land managers throughout the US. The project is the start of becoming a Citizen Scientist and pursuing a life of environmental stewardship.**

5 IF APPLYING FOR MORE THAN \$5,000, PLEASE EXPLAIN HOW THE COVID-19 PANDEMIC AFFECTED THIS NONPROFIT ORGANIZATION'S ABILITY TO SERVE THE TEMECULA COMMUNITY. YOU MAY ALSO INCLUDE INFLATIONARY CONCERNS.

**The effects of the pandemic AND the closure of the Reserve from the Tenaja Fire presented extreme opportunities. On-site and classroom programs were eliminated. We pivoted by developing a YouTube channel "Hawks Rocks and Nature Talks"; produced and distributed distance learning videos for use in classrooms. The SRPNEF Board sustained staffing during the two years; applied and received PPP funding and had good reserves to see us through. The fire destroyed a stage structure that had been used as an interpretive and fundraising site. SRPNEF organized a fundraising effort to rebuild the structure now known as the "Plateau Pavillon". City of Temecula council members donated towards the rebuild. While we were able to provide some level of nature education through the distance learning videos, we saw first hand that children learn best about nature IN NATURE. We cannot create a new generation of environmental stewards unless they learn in the natural world; hands in the ground and minds on solutions as the planet is burning around us.**

6 IF APPLYING FOR MORE THAN \$5,000, EXPLAIN HOW FUNDS HAVE OR WILL:  
(1) CREATE NEW PROJECT/PROGRAM, (2) EXPAND EXISTING PROJECT/PROGRAM,  
AND/OR (3) CONTINUE EXISTING PROJECT/PROGRAM.

**Promoting Environmental Protection Through Education (PEPE) is a new program focused on providing opportunities for high school students to gain knowledge and an understanding about the affects of climate change and fire on our environment, habitats and plants and animals. This will be accomplished by working collaboratively with the National Phenology Network (study of biological changes), Nature's Notebook, TVUSD high school teachers, and local open space properties including the Santa Rosa Plateau Ecological Reserve and the Plateau Management Committee comprised of The Nature Conservancy, Riverside County Regional Parks, California Fish and Wildlife and Metropolitan Water District.**

<b>PROJECT/PROGRAM BUDGET (do not fill in shaded areas)</b>		
<b>LINE ITEMS FOR PROJECT/PROGRAM</b>	<b>REVENUES</b>	<b>EXPENSES</b>
<b>LIST REVENUES/INCOME FOR PROJECT/PROGRAM</b>		
Amount of money requested from this City of Temecula Community Services Grant (Not to exceed \$50,000)	\$ 13,000	
Amount contributed to the Project/Program by the Applicant Organization	\$ 17,000	
Other grants or funding already awarded for Project/Program, if any	\$ 46,275	
In-Kind match amount or volunteer credit hours estimated amount	\$ 2,500	
<b>TOTAL REVENUE</b>	<b>\$ 78,775</b>	
<b>LIST OF EXPENSES FOR PROJECT/PROGRAM</b>		
<b>Tools/Equipment</b> PocketLab Climate Monitoring Devices (1 for each group of 3 students = 10 x \$350)		<b>\$ 3,500</b>
<b>Facilities/Rent/Insurance</b>		\$
<b>Supplies</b> Backpacks, chrome books, journaling supplies, first aid kits, binoculars, snake chaps.		<b>\$ 3,000</b>
<b>Marketing</b>		\$
<b>Services</b> Approx 3 biology interns to assist. Substitute coverage needed for TVUSD		<b>\$ 2,500</b>
<b>Food</b>		\$
<b>Other</b> Transportation - 5 trips to SRP x \$400 x 2 bus		<b>\$ 4,000</b>
<b>Staffing Expense</b> THIS IS INELIGIBLE TO BE FUNDED BY CITY'S GRANT; HOWEVER PLEASE INCLUDE.		<b>\$ 8,000</b>
<b>TOTAL EXPENSES</b>		<b>\$ 21,000</b>
<b>TOTAL BUDGET</b>	<b>\$ 78,775</b>	\$

**FISCAL YEAR (FY) 2022-2023 COMPLIANCE REPORT**

**If your organization is awarded a Community Service Funding - REINVESTMENT IN TEMECULA Grant in FY2022-2023 by the City of Temecula, follow these instructions.**

If your organization is awarded a Community Service Funding Grant - REINVESTMENT IN TEMECULA in FY2022-2023 by the City of Temecula, all grant funds received must be expended anytime on or between March 20, 2020 and June 30, 2024. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent. If the funds are not spent in accordance with the approved/awarded application, the organization may not receive and/or will be required to return said amount of funds to the City. To substantiate that grant funds from the City are spent appropriately, proper back-up documentation including the table below with accompanying receipts/invoices, must be submitted to the City as outlined on this page.

**1. Fill out Expenditure Report table below. Make additional copies if needed to explain all expenditures.**

**A. If awarded \$5,000.** Submit the following Expenditure Report within 60 days after spending \$5,000 no later than June 30, 2024, to demonstrate grant funds were spent in accordance with the Application. [If you were awarded less than \$5,000, submit Expenditure Report for that amount.]

**B. If awarded grant funds exceeding \$5,000.** A) Follow #1.A above first. B) To receive grant funds exceeding \$5,000 (between \$5K-\$50K), submit the following Expenditure Report to be *reimbursed* for the remaining balance of award to demonstrate funds were spent in accordance with the Application. This report can be submitted in \$10,000 increments (but no less than \$10,000 unless the remaining grant award funding amount is less than \$10K). This report must be submitted to the City no later than June 30, 2024 to receive remaining grant funds.

**2. Attach copies of receipts/invoices (in the same order listed in table below).**

**3. Send to:** City of Temecula, 41000 Main St., Temecula, CA 92590,  
Attn: City Manager's Dept. "CSF-Reinvestment in Temecula"

EXPENDITURE REPORT DATED _____					
Organization: <u>Santa Rosa Plateau Nature</u>		Name of Project/Program: <u>Promotion Environmental</u>			
<small>EDUCATION FOUNDATION</small>		<small>PROTECTION THROUGH EDUCATION</small>			
TOTAL FY 2022-2023		Month & Year FIRST \$5,000 check			
Amount of Grant Fund Awarded: \$ _____		was received from City: _____			
1. Is this Expenditure Report is to provide documentation for first \$5,000 awarded and received? Yes _____ or No _____ (already submitted).					
2. My organization has already received \$ _____ of the total FY 2022-23 Grant Fund awarded by the City					
3. Is this Expenditure Report is submitted to request reimbursement of funds? No _____ or Yes _____ If yes, Amount of Request \$ _____					
Number of beneficiaries living in 92590, 92591, 92592 that directly benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number) _____					
Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN March 20, 2020 - JUNE 30, 2024</small>	Expenditure		
			Amount	Description	Purpose
1			\$		
2			\$		
3			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL</b>	

**PREVIOUS\* FISCAL YEAR (FY) 2021-2022 COMPLIANCE REPORT**

**\*IF YOUR ORGANIZATION WAS NOT AWARDED A COMMUNITY SERVICE FUNDING GRANT IN FY 21/22 (LAST YEAR), THEN SKIP THIS PAGE.**

If your organization was awarded a Community Service Funding Grant in FY 2021-2022  
(last year) by the City of Temecula, please submit this information.

If your organization was awarded a Community Service Funding Grant in Fiscal Year 2021-2022 by the City of Temecula, all grant funds received must have been expended anytime on or between July 1, 2021, and June 30, 2022. In addition, all grant funds must be substantiated with proper back-up documentation. Failure to provide proper documentation may jeopardize any future funding. City of Temecula reserves the right to conduct an audit and/or require additional back-up information to substantiate how funds received from the City were spent.

If the funds were not spent in accordance with the approved/awarded application, the organization will be required to return the amount of funds to the City. To substantiate that Fiscal Year 2021-2022 funds received from the City were spent appropriately, proper back-up documentation including the completed table below with accompanying receipts/invoices, must be submitted to the City **on or before due date: September 12, 2022.**

1. Fill out table below (make additional copies if needed to explain all expenditures.)
2. Attach copies of receipts/invoices (in the same order as listed in this table.)
3. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590 Attn: City Manager's Office – CSF

**EXPENDITURE REPORT due on or before September 12, 2022**

**Organization:** Santa Rosa Plateau Nature Education Foundation **Name of Project/Program:** \_\_\_\_\_

**FY 2021-2022 Amount of CSF Grant Fund Awarded:** Did not submit **Month & Year CSF Grant Received from City:** \_\_\_\_\_

**Number of Beneficiaries Living in 92590, 92591, 92592 that Directly Benefitted from this Program/Project (approximate number of beneficiaries if you do not have precise number):** \_\_\_\_\_

Attachment Number	Name of Company on Receipt or Invoice	Date on Receipt/Invoice <small>MUST BE ON OR BETWEEN JULY 1, 2021 - JUNE 30, 2022</small>	Expenditure		
			Amount	Description <small>DESCRIBE THE EXPENDITURE</small>	Purpose <small>PURPOSE OF EXPENDITURE</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
<b>EXPENDITURE TOTAL</b>			<b>\$</b>	<b>EXPENDITURE TOTAL MUST BE EQUAL TO (OR GREATER) THAN TOTAL AWARD AMOUNT.</b>	

**ACKNOWLEDGEMENT/SIGNATURE PAGE**

The applicant acknowledges and agrees to the following:

- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- The awarding of Community Service Funding does not constitute an automatic annual allocation.
- The recognition for Community Service Funding should accrue to the City of Temecula.
- Community Service Funding must be spent as specified on the Application and records may be requested by the City of Temecula to ensure the funds were used appropriately.
- Community Service Funding grants will not be awarded or announced within the 60 days before an election in which an awarding Council Member is on the ballot.
- The recipient shall provide a full accounting with documentation on the use of awarded funds. The recipient shall return to the City any funds not spent or documented per the signed agreement.
- If awarded a Community Service Funding Grant by the City of Temecula last year, then compliance receipts must be submitted on or before this application's due date or this application may be rejected as incomplete.

**I/we hereby certify the information contained in this Application is true to the best of our knowledge and belief.**

**ORGANIZATION NAME:** Santa Rosa Plateau Nature Education Foundation

**MAILING ADDRESS:** P. O. Box 941  
Murrieta 92564

**PHONE:** (909) 732.2209

**EMAIL:** execdirector@srpnf.org

**PRESIDENT / AUTHORIZED OFFICER:** Austin Linsley

PRINT NAME

TITLE

**SIGNATURE:** 

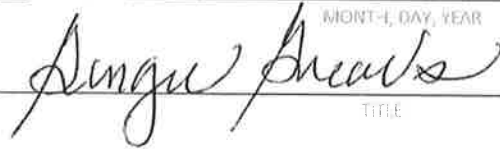
**DATE:** Sept 12, 2022

MONTH-L, DAY, YEAR

**IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY:** Ginger Greaves

PRINT NAME

TITLE



**SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 12, 2022, TO:**

City of Temecula  
Community Service Funding  
Attn: City Manager's Office  
41000 MAIN STREET  
TEMECULA, CA 92590

Questions: Stacey.Brown@TemeculaCA.gov (951) 694-6413  
Betsy.Lowrey@TemeculaCA.gov (951) 693-3959





## Entity Status Letter

Date: 9/12/2022

ESL ID: 4179177847

### Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 2531858

Entity Name: THE SANTA ROSA PLATEAU FOUNDATION

- 1. The entity is in good standing with the Franchise Tax Board.
- 2. The entity is **not** in good standing with the Franchise Tax Board.
- 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 d.
- 4. We do not have current information about the entity.
- 5. The entity was administratively dissolved/cancelled on \_\_\_\_\_ through the Franchise Tax Board Administrative Dissolution process.

### Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

### Connect With Us

Web: [ftb.ca.gov](http://ftb.ca.gov)  
 Phone: 800-852-5711 from 7 a.m. to 5 p.m. weekdays, except state holidays  
 916-845-6500 from outside the United States

California

Relay Service: 711 or 800-735-2929 (For persons with hearing or speech impairments)



HELP ⓘ

MENU ☰

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[< Back to Search Results](#)

# Santa Rosa Plateau Foundation

EIN: 71-0946697 | Murrieta, CA, United States

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## Publication 78 Data ⓘ

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Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

**On Publication 78 Data List:** Yes


**Deductibility Code:** PC

# **Copies of Returns (990, 990-EZ, 990-PF, 990-T)**


Electronic copies (images) of Forms 990, 990-EZ, 990-PF or 990-T returns filed with the IRS by charities and non-profits.


- > **Tax Year 2020 Form 990**
- > **Tax Year 2019 Form 990**
- > **Tax Year 2018 Form 990**
- > **Tax Year 2017 Form 990**
- > **Tax Year 2016 Form 990**

Page Last Reviewed or Updated: 20-November-2020

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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

Santa Rosa Plateau Foundation

\*\*-\*\*\*6697

Name and title of officer or person subject to tax

Shirley Broz CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Total revenue for Form 990 is 303,597.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

I authorize Smith Team CPAs, LLP to enter my PIN 28659. Enter five numbers, but do not enter all zeros.

As my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30889828659 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 09/16/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)