FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



EMPOWERMENT CENTER

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$5000.00 (Maximum allowable \$5,000 per Organization)
Project/Program Title: Youth Leadership Academy (YLA) Start Date: July 2019 End Date: June 2020

If Grant is Awarded, Make Check Payable to: The Empowerment Center

Mailing Address: 27262 Via Industria

Temecula, CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: The Empowerment Center (TEC	Year Organization Founded: 2005
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Website: <u>www.theempowermentcenterintl.com</u> Number of Paid Staff: <u>3</u> Number of Volunteers: <u>20</u>

Contact Name: Teresse Lewis Title/Position: Program Director

Contact Person's Email Address: _____ Telephone: (951) 514-2939 x107

Geographic Area(s) the Organization Serves: Temecula/Murrieta and other Inland Empire Areas
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be
exclusively used to serve Temecula.) Temecula, CA

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Temecula, CA 92590

NONPROFIT STATUS

ls	this organization incorporated as a nonprofit? Yes X No (If No, then ineligible	e to receive City Funding)
Da	ate of Incorporation as a Nonprofit: January 2006	
	deral Identification NumberState Identification Number:	
Pri	int out and attach to this application Verification from Federal (IRS) and State (FTE	RECEIVED
1.	Attach IRS Deductibility Status using this link: http://apps.irs.gov/app/eos/	SEP 1 3 2019
2.	Attach State Entity Status Letter using this link:	
	https://www.ftb.ca.gov/online/self serve entity status letter/index.asp	CITY MANAGER'S OFFICE
3.	Attach first page only of most recent IRS Form 990 or attach print out of detailed	information
	about your charity found on this State Registry's Search Tool:	
	http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y	

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 \times 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_X___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 _____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No \times Yes_____ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Our Mission Is to help youth and familles

develop the resilience necessary to overcome challenges, discover the best of themselves and create healthier, happler patterns of living. The Empowerment Center (TEC) is located in Temecula

and specializes in working 'at-risk' youth populations in Southwest Riverside County. Through the Youth Leadership Academy (YLA), participants access educational trainings/ workshops that

develop strength and resiliency. Special populations include foster youth and youth in need of mental/ emotional stability training that builds leadership, character, and long term self-sufficiency.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Youth Leadership Academy (YLA)	a program that provides a comprehensive approach towards
Project/Program Title	
building the long term resiliency of youth, with an emphasis on at-risk youth; developing life skills, self-est	teem, and talents. YLA is conducted year round, and provides evidence
based interventions for youth & adolescents (ages 12-21). At-risk youth are propelled towards self sufficiency th	hrough YLA's 3-tiered program structure: 1) Money Matters: (4) week series
that teach youth financial self sufficiency; 2) Strengths 2.0: evidenced based workshops that develop individualiz	zed strengths and help youth navigate complex life circumstances; 3) Freely
Operating Under New Direction (FOUND): monthly talent showcases that build self-esteern & character. Course	es are available on-site, and provided to community partners upon request.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, The Empowerment Center (TEC)	_ will spend the grant funds on
Nonprofit Name	
Funding from the City of Temecula will support expenses for including food & beverage for particip	ants, office supplies, computer hardware/software, training supplies
for classroom activities, curriculum (Jr. Achievement/\$500 per kit); program incentives including g	ift cards and certificates, marketing recruitment expenses; printing
copies, toner, and ink. Funds will offset costs of courses offered at 4 week intervals on a quarterly	basis. Over the past four years, TEC has served over 300 'At Risk'
youth within the Temecula Valley; maintaining a 100% student retention rate, and averaging a 70%	6 increase in financial skills, self-esteem and personal self-efficacy.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by	building the resiliency of 'At Risk' youth in Temecula Valley so they grow into
positive contributors in society. 'At risk; youth are defined as low income, and/or abused or neglected; ren	noved from the home; lacking family structure; displaying behavioral disturbances.
Such youth exhibit poor educational attainment; increased rates of substance abuse and criminal activit	y on our city streets. This leads to a life without hope for the future; perpetuating
a cycle of poverty, incarceration, and homelessness for future generations. YLA breaks this cycle in the	Temecula Valley by providing intervention in adolescent years; equipping youth
with character, knowledge, & skills for successful adulthood. In 2019/20 YLA will increase life skills, p	ersonal strengths, creativity, & talent for 75 'at risk' youth in Temecula Valley.
Estimated number of people expected to benefit from this P	roject/Program: 75
Estimated number of volunteers involved in this Project/Prog	_{gram:} 20

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Youth Leadership Academy (YLA) is a comprehensive program that builds the long term resiliency of identified 'at risk' youth throughout

the Temecula Valley by developing life skills, character, personal strengths, and self esteem necessary to lead successful adult lives. City funds

will be used for program expenses including food & beverage for participants, office supplies, computer hardware/software, training supplies for class activities,

curriculum (Jr. Achievement/\$500 per kit); program incentives including gift cards and certificates, marketing recruitment expenses; printing, copies, toner, ink.

PROJECT/PROGRAM BUDGET	PROJECT/PROGRAM BUDGET					
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES				
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM						
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5,000.00					
Cash contributed to Project/Program by the Applicant Organization	\$ 73,827.64					
Other grants or funding already awarded for Project/Program, if any	\$ 23,950.00					
In-Kind match amount or volunteer credit hours estimated amount	\$6,408.36					
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM	,					
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$20,000.00				
Equipment Expense For Project/Program		\$5,532.00				
Food Expense For Project/Program		\$1,500.00				
Marketing Expense For Project/Program		\$7,250.00				
Supplies Expense For Project/Program		\$5,400.00				
Facilities/Rent Expense For Project/Program		\$49,704.00				
Other Expense For Project/Program		\$19,800.00				
TOTAL BUDGET FOR PROJECT/PROGRAM	\$ 109,186.00	\$109,186.00				

5. Provide Project/Program budget details below.

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization: The Empowerment Center (TEC) Name of Project/Program:

Amount of Grant Fund Awarded: \$

Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2		•	\$		1
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the '	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund re) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 2019-2020 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: Friday, September 11, 2020**.

EXPENDITURE REPORT due on or before Friday, September 11, 2020

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- 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 CSF

Organization: The Empowerment Center (TEC) Name of Project/Program:

Amount of Grant Fund Awarded: \$

Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2019 - June 30, 2020	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$	÷	
	Note: Expenditure (or greater than) the '	ENDITURE TOTAL Total must be equal to Amount of Grant Fund e) 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 NAI	ME:	Center (TEC)	
MAILING ADDRESS:	27262 Via Industria Temecula, CA 92590	_PHONE: ()	Ibaker@theempowermentcenterintl.com
PRESIDENT / AUTHO	RIZED OFFICER:	ny Baker	President
	Apany Dake	H)	DATE: 9/11/2019 (Month, Day, Year)
IF DIFFERENT THAN A APPICATION PREPAR		ewis Pr	ogram Director

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

IRS forestment of the Tansay Internet Revenue Service

OCDEN UT 84201 0029

In reply	refer to:	
Nay 20,	2014 LTR 4168C 0	
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	BODC: TE	

THE EMPOWERMENT CONTER % TIFFANY BAKEN 27262 VIA INDUSTRIA TEMECULA CA 92590-3751

1667.0

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Employer Idoutification Number: Person to Contact: Ms, Wiles Yoll Free Telephone Numbur: ?-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 05, 2014, request for information regarding your tax-exempt status.

Dur records indicate that you were recognized as exempt under section SO(c)(3) of the internal Revenue Code in a determination letter issued in January 2006.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or yifts 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.

Please refer to our website www.irs.gov/ed for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return (or three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a first of organizations whose tex-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

May 28, 2014 LTR 4168C 0 000000 00

THE EMPOWERNENT DENTER % TIFFANY BAKER 27262 VIA INDUSTRIA TEMECULA CA 92590-5751

If you have any questions, please call us at the telephone humber shown in the heading of this letter.

Sincerely yours,

Tommer Sugar

Tamera Ripperda Director, Exempt Dryamizations

Detrive a resultance of a low resource

		Short Form		OMB No. 1545-1150
Fors	990-EZ	Return of Organization Exempt From Income Ta Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for		2018
Depa	artment of the Treasury	Do not enter social security numbers on this form as it may be made publication		Open to Public Inspection
	artment of the Treasury nal Revenue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	п.	mepeotion
		ar year, or tax year beginning January 01 , 2018, and ending	the second se	ecember 31 , 20 18
_	heck if applicable:	C Name of organization THE EMPOWERMENT CENTER	D Employer	identification number
-	lame change		E Telephone	number.
] In	nitial return	27262 VIA INDUSTRIA		10/10er 351-514-2939
	inal return/terminated mended return	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	
_	pplication pending	Temecula, CA 92590	Number	•
A	ccounting Method:	Cash Accrual Other (specify) >	heck 🕨 🗖	if the organization is no
		heempowenmentcenterinti.com		tach Schedule B
Ta	x-exempt status (che	ck only one) - □ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □ 527 (Fo	orm 990, 99	90-EZ, or 990-PF).
	orm of organization:			
Ad	Id lines 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
		500,000 or more, file Form 990 instead of Form 990-EZ		6 148,60:
Pa	rt I Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I)
1	1 Contribution	he organization used Schedule O to respond to any question in this Part I .	1	
	2 Program se	ns, glfts, grants, and similar amounts received .	1	105,402
		dues and assessments	2	41,957
	4 Investment		4	20
		Int from sale of assets other than inventory	· ·	39
	b Less: cost o	r other basis and sales expenses	-	
4	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6 Gaming and	fundraising events:		
	a Gross incor	ne from gaming (attach Schedule G if greater than		
	\$15,000) .	6a 6a	0	
	b Gross incom	e from fundraising events (not including \$ of contributions		
	1/01111000780			
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Form 990-EZ (2018) Part II Balance Sheets (see the instruct)	ions for Part II)				Page 2
Check if the organization used Sche		any question in this	Part II		
enteenti die organization abou opin		any question in this	(A) Beginning of year	ŕ.	(B) End of year
22 Cash, savings, and investments			12,484	20	24,486
23 Land and buildings		* * * * * * * *			2.11.00
24 Other assets (describe in Schedule O)		******	24,673	23	24,673
25 Total assets			37,157		49,159
		2	471		492
	र र ो व व वा ग ग		36,686		
27 Net assets or fund balances (line 27 of co Part III Statement of Program Service Ac				27	48,667
Check if the organization used Sche What is the organization's primary exempt purpose Describe the organization's program service accord as measured by expenses. In a clear and conci- persons benefited, and other relevant information to 28 See Schedule O	edule O to respond to 9? See Schedula O pomplishments for each se manner, describe ti	any question in this of its three largest p	Part III	501(Expenses uired for section c)(3) and 501 (c)(4) nizations; optional for rs.)
(Grants \$ 780) If this am	ount includes foreign g	rants, check here .	· · · ► 🗆	28 a	546
29 See Schedule O	***************************************				

(Grants \$ 0) If this am	ount includes foreign gi	ants, check here .	🕨 🔲	29 a	14,464
30 See Schedule O					
(Grants \$ 0) If this ame	ount includes foreign gr	ants, check here		30a	20,039
31 Other program services (describe in Schedule		*******			
(Grants \$) If this ame	ount includes foreign gr	ants, check here	. □	31a	
00 Tablet and an interview of the second sec	Here Here Here Here Here				and a second state of the
32 Total program service expenses (add lines 2	28a through 31a) .		5 V/ 2 2 🕨	32	35,049
32 Total program service expenses (add lines 2 Part IV List of Officers, Directors, Trustees, and				32 struct	
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FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION

13

FALLBROOK HEALTHCARE FOUNDATION dba FOUNDATION FOR SENIOR CARE

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Senior Care Advocate progral Start Date: 7/1/19 End Date: 6/30/20

If Grant is Awarded, Make Check Payable to: Fallbrook Healthcare Foundation, Inc

Mailing Address: dba Foundation for Senior Care

P.O. Box 2155 Fallbrook ,CA 92088

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Fallbrook Healthcare Foundation
Name of Applicant Organization: dba Foundation for Senior Care Year Organization Founded: 1979
Website: foundationforseniorcare.org Number of Paid Staff: 16 Number of Volunteers: 70
Contact Name: Keith Birkfeld Title/Position: Executive Director
Contact Person's Email Address: kbirkfeld@foundationforseniorcare.org Telephone
Geographic Area(s) the Organization Serves: Temecula, Fallbrook, Rainbow, Bonsall
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula
Include Physical Address of Project/Program: (if different than Organization's Mailing Address)
Program coordinated from 135 S. Mission Rd. Fallbrook - serving Temecula residents in 2020 from
Michelle's Place - 41669 Winchester Rd #100, Temecula, CA 92590
NONPROFIT STATUS
Is this organization incorporated as a nonprofit? Yes X No (If No, then ineligible to receive City Funding) Date of Incorporation as a Nonprofit: 09-19-1979
Federal Identification Number:State Identification Number:
Print out and attach to this application Verification from Federal (IRS) and State (FTB) as to the system
1. Attach IRS Deductibility Status using this link: http://apps.irs.gov/app/eos/
2. Attach State Entity Status Letter using this link: SEP 1 2 2019
https://www.ftb.ca.gov/online/self serve entity status letter/index.asp CITY MANAGER'S
Attach first page only of most recent IRS Form 990 or attach print out of detailed information
about your charity found on this State Registry's Search Tool

http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

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 X 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 X 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 __X__

Members-at-Large _____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No___Yes X__ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF 18/19	Senior Care Advocacy Program	1/2019	\$2,500
·			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. The mission of the Foundation for Senior Care is to provide programs and resources enabling seniors to enhance their well being and being the senior of the senior

their well-being and help them enjoy a more meaningful life. The Senior Care Advocate

program is the embodiment of that mission to provide resources for seniors.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Senior Care Advocate program is a program designed to work

Project/Program Title

closely with our clients in the Temecula area to avoid repeated hospitalizations by installing

equipment for safety and providing access to preventative support services. Fall prevention is a

key factor when the Care Advocates conduct a home safety evaluation, identifying impediments

and offering solutions. We have provided similar services in Fallbrook for over ten years.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded,	will spend the grant funds on		
	Nonprofit Name		
providing direct	mobility access support (ramps, grab bars, etc.) in a senior's home		
(that are low-ind	come qualified), cover transportation costs incurred to conduct these home		
safety visits (wi	th connected fuel costs) along with the distribution of home safety kits, including		
walkway lighting	, walkers/wheelchairs and smoke and/or carbon monoxide detectors.		

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by enabling our Care Advocates to perform

home visits and safety checks to Temecula residents. For each home safety visit, we provide

four additional services or follow up visits on average to assist seniors in accessing supportive

in-home care, connecting them with national entitlement programs (Medi-Cal, VA), scheduling

preventive medical services and working with Temecula Valley Hospital discharge staff.

Estimated number of people expected to benefit from this Project/Program: 200	
Estimated number of volunteers involved in this Project/Program: 10	

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Our Senior Care Advocate program offers free in-home services to seniors that: 1) Provides

mobility / acces support (ramps, grab bars); 2) Distributes home safety kits and fall prevention

measures (e.g. walkway lighting, walkers, wheelchairs, smoke/carbon monoxide detectors)

3) Connects seniors to local and national resources to help them age safely in place.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 28,520	
Other grants or funding already awarded for Project/Program, if any	\$ 89,837	
In-Kind match amount or volunteer credit hours estimated amount	\$	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		^{\$} 110,033
Equipment Expense For Project/Program		\$ 3,062
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$ 2,710
Supplies Expense For Project/Program		\$ 3,403
Facilities/Rent Expense For Project/Program		\$ 5,164
Other Expense For Project/Program		\$ 18,227
TOTAL BUDGET FOR PROJECT/PROGRAM	\$ 123,357	\$ 142,599

5. Provide Project/Program budget details below.

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 backup 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 2018-2019 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 16, 2019.

 Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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): 103 Resident: Fill out this table (include additional copies if needed to explain all expenditures) Attach Receipts/Invoices (in the same order as listed in this table) Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office - CSF Organization: Failbrook Healthcare Foundation dba Foundation for Senior Care Name of Project/Program: Care Advocate Program Amount of Grant Fund Awarded: \$\$2,500 					
Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Month + Year Grant Received fr Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	Amazon	6/20/19	\$ 1899.41	Home Safety Equip. (attached)	Home Safety Kit
2	Ace Hardware	6/26/19	\$ 151.23	Flashlights	Home Safety Kit
3	Care Advocates	7/1/18-6/30/19	\$ 784.30	Mileage Reimbursement	Transportation
4			\$	1	
5			\$		
6			\$		
7			\$		

(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: Ta	Ibrook Health core Four	duction abe Foundation for Senior Car.
MAILING ADDRESS: <u>PD Box a</u>		EMAIL: Kbirkfeld @foundationforseniorcore
Fallbrook	k, CA 9.2088	O toundationtorsenilorcare org
PRESIDENT / AUTHORIZED OFFICE	ER: <u>Kirkfeld</u>	Executive Director
SIGNATURE:	Kil	DATE: / 12 / 19 (Month, Day, Year)
IF DIFFERENT THAN ABOVE, APPICATION PREPARED BY:		
	Print Name	Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

<u>Home > Tax Exempt Organization Search > Fallbrook Healthcare Foundation Inc.</u>

< Back to Search Results

Fallbrook Healthcare Foundation Inc.

EIN:

Fallbrook, CA, United States

> Other Names

Publication 78 Data o

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) o

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 2017 Form 990

Organization Name: Fallbrook Healthcare Foundation Inc

EIN:	
Tax Period:	
201806	
Return ID:	



Entity Status Letter

Date:	9/12/2019
ESL ID:	

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

Entity ID:

X

Entity Name: FALLBROOK HEALTHCARE 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 23701d.

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
Phone:	800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
	916.845.6500 from outside the United States
	800.822.6268 for persons with hearing or speech impairments

	Form 990	Retur	rn of Organization	Exempt From	Incom	e Tax		OMB No. 1545-0047
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pri Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made Information about Form 990 and its instructions is at www.irs.gov/rd				acept privat	vate foundations)			
-	A CONTRACT OF A CONTRACT.	idar year, or tax year		and the second state of th			. At	Inspection
_	Check if applicable:	C	r beginning 7/01	, 2015, and e	inding	6/30		+ 2016
	Address change		althcare Foundatio	on The		U Emplo	yer wan	mication number
	Name change	PO Box 2155	archeate roundatio	on inc		E Teleph	nna rum	ber
	Initial return	Fallbrook, C	A 92088			(76		23-7713
	Final return/terminated	1 m				- 1/6	0) 1	23-1113
	Amended return					G Gross	receipte .	\$ 983,413
	Application pending	F Name and address of	principal officer:		H(a) Is	this a group retu		
	-	Same As C Abo	ove		the second second second	re ell subordinate 'No,' attach e list		
	Tax-exempt status	The second se	(c) () < (insert no.)	4947(a)(1) or 5	27 "	'No,' attach a list	, (see ins	structions)
	Website: N/				H(c) G	raup exemption n	umber Þ	
	Form of organization;	X Corporation Trus	st Association Other	L Year of f				egel domicile: CA
ä	t I 🔛 Summar	У		and the second			-	
1	1 Briefly descril	be the organization's	mission or most significant or seniors to enha	activities: Its p	irpose	is to pr	ovid	e programs
	6 Total number	of volunteers (estimation)	yed in calendar year 2015 (5	1
		- Page 19491199	ate if necessary) from Part VIII, column (C), I		and the second sec	ala. Tau and a	6	2
		- Page 19491199	from Part VIII, column (C), I come from Form 990-T, line		and the second sec	ala. Tau and a	6 7a 7b	0
	b Net unrelated	business taxable inc	come from Form 990-T, line	34	Chanta	ala. Tau and a	78	0
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Use Only	Firm's address	350 West Fifth Ave., Suite 300	Firm's EIN ►		
1		Escondido, CA 92025-4865	Phone no.		
		eturn with the preparer shown above? (see instructions)	*************************	X Yes	No
BAA For Pa	perwork Redu	ction Act Notice, see the separate instructions.	TEEA0113L 10/12/15	Form 9	90 (2015)

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION

14

FEEDING AMERICA RIVERSIDE SAN BERNARDINO

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 **COMMUNITY SERVICE FUNDING PROGRAM APPLICATION** (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$5,000 (Maximum allowable \$5,000 per Organization) Project/Program Title: Fueling Temecula Distribution Start Date: 7/1/19 End Date: 6/30/20 If Grant is Awarded, Make Check Payable to: Feeding America Riverside | San Bernardino Mailing Address: 2950 Jefferson Avenue, Suite A Riverside, CA 92504-8320

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Feeding America Riverside | San Bernardino Year Organization Founded: 1980 Website: www.FeedingIE.org ——Number of Paid Staff: <u>26</u>____Number of Volunteers: 5,000

Contact Name: Lori Butler _Title/Position_Director of Philanthropy

Contact Person's Email Address: Ibutler@feedingamerica Telephone: 951-359-4757 ext. 109

Geographic Area(s) the Organization Serves: Riverside and San Bernardino Counties
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be
exclusively used to serve Temecula.) Temecula
nclude Physical Address of Project/Program: (if different than Organization's Mailing Address)

N	ONPROFIT ST	ATUS		
Is this organization incorporated as a non	profit? Yes_X	No (I	lf No, then ineligib	le to receive City Funding)
Date of Incorporation as a Nonprofit: 198	5			
Federal Identification Number:	State	Identificatio	on Number:	
Print out and attach to this application Ver	ification from Fe	deral (IRS)	and State (FT	B) as follows:
1. Attach IRS Deductibility Status using	this link: http://ar	ps.irs.gov/	app/eos/	RECEIVED
 Attach State Entity Status Letter using https://www.ftb.ca.gov/online/self_sen 		lottor/indo		SEP 1.6 12,3
Attach first page only of most recent IF	IS Form 990	or attach	print out of	CITY MANAGER detailed_information
about your charity found http://rct.doj.ca.gov/Verification/Web/Sea	on this	State	Registry's	Search Tool

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_X 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_X 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 X____

Members-at-Large _____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No_X Yes____ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
			\$
			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. <u>Feeding America</u>

Riverside | San Bernardino's (FARSB) mission is to alleviate hunger in the Inland Empire.

Our primary goal is to eliminate hunger in the two counties we serve. In pursuit of this goal,

98% every donation goes directly to programs and services that feed those in need.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Fueling Temecula Distribution	is a project that will help offset fuel
Project/Program Title	10
costs for delivering an estimated 819,000 pounds c	of nutritious food to 18,160 low-income to
Temecula residents. FARSB trucks pick up donatio	ns from local and national donors and

transports them to our warehouse. We then deliver this product to our non-profit partner

charities Temecula who distribute it to those needing food assistance.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Feeding America Riverside and San Bernardino Counties will spend the grant funds on fuel and oil for Nonprofit Name transporting food donations to our charity partners in Temecula who in turn will provide it residents facing food insecurity.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by _____enabling us to source and distribute

over 819,000 pounds of nutritious food this fiscal year to 18,160 low-income individuals. Support

can directly impact the health and welfare of Temecula residents as nutritious food is often too

costly. By investing in FARSB, we can help Temecula residents receive fresh fruits and vege-

tables, protein, and other wholesome shelf-stable product.

Estimated number of people expected to benefit from this Project/Program: <u>18,160</u> Estimated number of volunteers involved in this Project/Program: <u>5,000</u>

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Funds will be used to offset fuel, oil and other transportation costs associated directly in

sourcing and distributing nutritious food to Temecula residents. Food will be distributed to

FARSB's hunger-relief partners in Temecula.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5,000	
Cash contributed to 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	\$ 0	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		Instanti, marita a gingdood
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		^{\$} 0
Equipment Expense For Project/Program		\$0
Food Expense For Project/Program		\$ 0
Marketing Expense For Project/Program		\$ 0
Supplies Expense For Project/Program		\$0
Facilities/Rent Expense For Project/Program		\$0
Other Expense For Project/Program		\$5,000
TOTAL BUDGET FOR PROJECT/PROGRAM	\$5,000	\$5,000

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization: _____

Name of Project/Program:

Amount of Grant Fund Awarded: _\$

Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to 'Amount of Grant Fund e) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 2019-2020 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: Friday, September 11, 2020**.

EXPENDITURE REPORT due on or before Friday, September 11, 2020

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization: ____

Name of Project/Program:

Amount of Grant Fund Awarded: _\$____

Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2019 - June 30, 2020	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund re) 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 NAI	ME: Feeding	Amer	ica Riverside San	Bern	ardino
MAILING ADDRESS:	2850 Jefferson Av			EMAIL:	lbutler@feedingamericaie.org
	Riverside, CA 92	2504-832	20		
PRESIDENT / AUTHO		Steph	anie Otero, Preside	nt an	d CEO
		Print Nar	ne		Title
	ohanie Ote	oro	Digitally signed by Stephanie Otero Date: 2019.09.12 2200:20 -04'00'	DATE:	9/15/19
				_	(Month, Day, Year)
IF DIFFERENT THAN A APPICATI ON PREPAR	ABOVE, Lori Bu	itler, l	Director of Philanth	ору	

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

Print Name

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Title

P.O. Box 2508, Room 4010 Cincinnati OH 45201

In reply refer to: Mar. 05, 2015 LTR 4168C 0 000000 00

BODC: TE

FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES 2950 JEFFERSON ST STE A RIVERSIDE CA 92504-8320

13767

Employer Identification Number: Person to Contact: S LENARD Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 16, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in January 1985.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



FEEDING AMERICA RIVERSIDE AND SAN BERNARDINO COUNTIES 2950 JEFFERSON ST STE A RIVERSIDE CA 92504-8320

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

amen Supp

Tamera Ripperda Director, Exempt Organizations



Entity Status Letter

Date:	9/9/2019
ESL ID	: 1

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

Entity ID:

Entity Name: FEEDING AMERICA RIVERSIDE SAN BERNARDINO COUNTIES

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
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

Home > Tax Exempt Organization Search > Feeding America Riverside And San Bernardino Counties

< Back to Search Results

Feeding America Riverside And San Bernardino Counties

EIN: , --, United States

> Other Names

Publication 78 Data o

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) o

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

> Tax Year 2017 Form 990

12----

Page Last Reviewed or Updated: 6-Sept-2019



WIRS



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate	Office of Appeals	中文	Treasury Inspector General for Tax
Help	Service	Identity Theft Protection	한국어	Administration
Contact Your Local Office	Accessibility	Report Phishing	Русский	USA.gov
Tax Stats, Facts &	Civil Rights	Tax Fraud & Abuse	Tiếng Việt	
Figures	Freedom of Information Act			
	No Fear Act			
	Privacy Policy			

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.

Open to Public

OMB No. 1545-0047

2017

Dep	artment of mal Reven	the Treasury ue Service	► Go to www	<i>.irs.gov/Form990</i> for it	nstructions an	id the latest info	ade public.		Open to Public Inspection	
A			dar year, or tax year beg	Contrast in the local data and the		, and ending	6/30	1	2018	
В	Check if a	applicable:							cation number	
	Addr	ress change	FEEDING AMERICA							
	Nam	ie change							r	
	Initia	al return	2950 JEFFERSON RIVERSIDE, CA 9			(951) 359-4757				
	Final r	return/terminated	KIVERSIDE, CA 9	2304						
	Amer	nded return					G Gross re	ceipts \$	46,878,121.	
	Appli							tor subor	103	
			SAME AS C ABOVE			H(b)	Are all subordinates If 'No, attach a list.	included? (see instru	ictions)	
1		empt status	X 501(c)(3) 501(c) (4947(a)(1) o	r 527				
1			EDINGAMERICAIE.	1 1 1		H(c)	Group exemption nu			
K		f organization:	X Corporation Trust	Association Other >	L	Year of formation:	1980 Ms	tate of leg	al domicile: CA	
Pa	urt I	Summar	У					_		
	1 Bi	riefly descrit	be the organization's mis	sion or most significan	t activities:OU	R MISSION	IS TO ALLE	EVIAT.	E HUNGER IN	
e		THE INLAND EMPIRE OF SOUTHERN CALIFORNIA.								
nan	-									
Governance	2 Cł	Check this box ► / if the organization discontinued its operations or disposed of more than 25% of its net assets.								
99		umber of vo	ting members of the gove	erning body (Part VI, lin	ne 1a)			3	17	
Activities &	4 Nu	umber of inc	dependent voting membe	rs of the governing bod	ly (Part VI, line	e 1b)		4	16	
itie	5 To	otal number	of individuals employed	in calendar year 2017 (Part V, line 2a	a)		5	48	
ctiv	6 To	otal number	of volunteers (estimate i	f necessary)				6	500	
Ă	7a 10	at unrelated	d business revenue from business taxable income	Part VIII, column (C),	line 12			7a	, 0.	
-	DING	st uniendieu		anom Form 990-1, me	34		Prior Year	7b	0.	
	8 Cc	ontributions	and grants (Part VIII, line	e 1h)		-	47,804,9	7.4	Current Year	
ILe	9 Pr	ogram servi	ice revenue (Part VIII, lin	e 2a)			1,189,7		<u>45,756,312</u> . 1,012,870.	
Revenue	10 Inv	vestment in	come (Part VIII, column ((A), lines 3, 4, and 7d)			4,0		79,486.	
_	11 Ot	ther revenue	e (Part VIII, column (A), I	ines 5, 6d, 8c, 9c, 10c,	and 11e)		33,0		19,939.	
	12 To	tal revenue	- add lines 8 through 1	(must equal Part VIII,	column (A), li	ine 12)	49,031,90		46,868,607.	
	13 Gr	ants and sir	nilar amounts paid (Part	IX, column (A), lines 1	-3).	dan bernet				
		Benefits paid to or for members (Part IX, column (A), line 4)								
s	15 Sa	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					1,497,93	32.	1,505,594.	
Expenses	16a Pro	ofessional fi	undraising fees (Part IX,	column (A), line 11e)						
be	b To	tal fundraisi	ng expenses (Part IX, co	lumn (D), line 25) 🕨	32	26,269.				
ω			es (Part IX, column (A), I				46,401,060.		46,367,591.	
							47,898,992.		47,873,185.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12					1,132,917.		-1,004,578.	
000 OC							ginning of Current		End of Year	
Not Apsots Fund Balanc	20 Tot	20 Total assets (Part X, line 16)					3,959,76		3,035,280.	
d B.	21 Tot						323,780.		402,861.	
Fun	22 Ne	2 Net assets or fund balances. Subtract line 21 from line 20					3,635,989. 2,632,4			
Pai	t	Signature	Block							
Inder ompl	penalties o ete. Declar	of perjury, I dec ration of prepare	lare that I have examined this ret ar (other than officer) is based on	urn, including accompanying so all information of which prepar	chedules and stater rer has any knowled	nenis, and lo the bes	st of my knowledge a	nd belief,	it is true, correct, and	
Sign Here		Signature of officer					Date			
		STEPHANIE OTERO C					CEO			
			rint name and title			1				
Paid		Print/Type pre		Preparer's signature		Date	Check	if PT	N	
			MICHELE SUCHAN MICHELE SUCHAN 1/19/19							
	barer	Firm's name								
Jse Only		Firm's address					Firm's EIN ►			
		ONTARIO, CA 91761 discuss this return with the preparer shown above? (see instructions)					Phone no. 909-781-6443 X Yes No			
FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



HABITAT FOR HUMANITY INLAND VALLEY

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

 Amount Requested: \$5,000
 (Maximum allowable \$5,000 per Organization)

 Project/Program Title: A Brush with Kindness
 Start Date: 7/1/19
 End Date: 6/30/20

 If Grant is Awarded, Make Check Payable to:
 Habitat for Humanity Inland Valley

 Mailing Address:
 27475 Ynez Road #390

Temecula, CA 92591

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Habitat I	Year Organization Founded: 1991
Website: www.habitativ.org Nu	nber of Paid Staff: 31 Number of Volunteers: 2,084
Contact Name: Mary Stein	Title/Position: Associate Director
Contact Person's Email Address: mary@ha	itativ.org Telephone: 951-296-3362
Geographic Area(s) the Organization Serves	Southwest Riverside County
Geographic Area(s) the Project/Program Ser exclusively used to serve Temecula.) Teme	es: (NOTE: Community Service Funding Grant must be
Include Physical Address of Project/Program Habitat's office: 41615 Winchester	(if different than Organization's Mailing Address) Road, Suite 214, Temecula, CA 92590
NON	PROFIT STATUS

Is this organization incorporated as a non	profit? Yes X No (If No, then ineligible to receive City Funding)
Date of Incorporation as a Nonprofit: Fet	
Federal Identification Number:	State Identification Number:
Print out and attach to this application Ve	rification from Federal (IRS) and State (FTB) as follows:

- 1. Attach IRS Deductibility Status using this link: <u>http://apps.irs.gov/app/eos/</u>
- 2. Attach State Entity Status Letter using this link: 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 information about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

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 X ____ Yes ____ If Yes, briefly describe: _____

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

Members-at-Large

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No____ Yes X___ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF	A Brush with Kindness - minor repairs	April, 2019	\$5,000
CSF	A Brush with Kindness - minor repairs	December, 2017	\$5,000
CDBG	Critical Repairs	19/20	\$40,000
CDBG	Critical Repairs	18/19	\$30,960
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. The mission of Habitat IV is to facilitate the dream of homeownership as well as improve living conditions for

those within the community. Habitat IV furthers the worldwide Habitat goal of providing simple,

affordable homes and solutions to families and residents in need.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The A Brush with Kindness	is our minor home repair program
Project/Program Title	
providing low-income Temecula residents with low-to-no	cost minor exterior home repairs and
maintenance services with the goal of protecting and pre	serving home affordability. We serve
any low-income resident in need, the majority of those se	eeking services are seniors. Typical
repairs include weed abatement, exterior painting, fence	work, accessibility and minor repairs.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Habitat IV	will spend the grant funds on serving any
Nonprofit Name	
low-income resident within the	City of Temecula who is in need of minor exterior home repairs
and maintenance services. Proj	ects can include landscaping, weed abatement, exterior painting
fencework, accessibility and oth	ner repairs. Funds will provide the basic materials and supplies
needed for repairs such as: nail	s, lumber, paint, tools, siding, volunteer and other supplies.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by This project is only available to qualified, low-income Temecula residents and will help keep neighborhoods beautify and protect affordable housing while stabilizing residents. Many times simple repairs or can cause struggling residents to quickly become financially unstable, but with ABWK, residents can gain some financial stability. Over 90% of those served are fixed-income seniors.

Estimated number of people expected to benefit from this Project/Program: 10-15 individuals Estimated number of volunteers involved in this Project/Program: 50-75 volunteers

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Funds would be utilized to provide low-to no-cost home repair/maintenance projects to

low-income residents within the City of Temecula with the goal of preserving home affordability.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 5,000	
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$7,500	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		^{\$} 5,000
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$500
Marketing Expense For Project/Program		\$1,000
Supplies Expense For Project/Program		\$10,000
Facilities/Rent Expense For Project/Program		\$1,000
Other Expense For Project/Program		\$
TOTAL BUDGET FOR PROJECT/PROGRAM	\$17,500	\$17,500

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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): 20
- 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 CSF

Organization: Habitat for Humanity Inland Valley Name of Project/Program: A Brush with Kindness-Minor Home Repairs

Amount of Grant Fund Awarded: \$ 5,000

Month + Year Grant Received from City: 4/1/2019

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	see attached		\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the '	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund re) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 backup 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 2019-2020 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: Friday, September 11, 2020.

EXPENDITURE REPORT due on or before Friday, September 11, 2020

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization:

Name of Project/Program:

Amount of Grant Fund Awarded: \$ Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2019 - June 30, 2020	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the '	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund ve) 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: Habitat for Humanity Inland Valle	У
MAILING ADDRESS: 27475 Ynez Road #390 Temecula, CA 92591	mary@habitativ.org
PRESIDENT / AUTHORIZED OFFICER: Tammy Marine, Executive	Director
IF DIFFERENT THAN ABOVE Mary Stein, Associate Director	Title
	ILIC

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Help build it!



September 29, 2015

Inland Valley HFH 27475 Ynez Rd #390 Temecula, CA 92591-4612

RE: 501(c)(3) Letter for Inland Valley HFH, Partner ID#

Dear Affiliate Leader:

This letter will confirm that Inland Valley HFH, with employer identification number is considered a subordinate under the group tax exemption umbrella of Habitat for Humanity International, Inc. ("<u>HFHI</u>") under Section 501(c)(3) of the Internal Revenue Code.

The group exemption number assigned to HFHI by the IRS is **This** number may be provided to prospective donors, foundations and other grant organizations as they request it and is required on certain IRS forms.

Enclosed is a copy of the determination letter dated March 9, 2015, provided by the IRS as evidence of HFHI's tax exempt status as well as its group exemption. The determination letter, together with this letter, confirms Inland Valley HFH's subordinate status and provides evidence of its tax exempt status under Section 501(c)(3) of the Code.

In partnership,

Beverly Huffman Director, US/Canadian Support Services Center Habitat for Humanity International 877-434-4435 USSupportCenter@habitat.org habitat.org Habitat. We build.

Enclosure

IRS Department of the Treasury

OGDEN UT 84201-0029



HABITAT FOR HUMANITY INTERNATIONAL INC HABITAT FOR HUMANITY INTRNL PARENT % EDWARD K QUIBELL - CFO/SR VP 121 HABITAT ST AMERICUS GA 31709-3423

052913

Employer Identification Number: Group Exemption Number: Person to Contact: Ms Benjamin Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 20, 2015, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in January 1987, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Tamera Ripperda Director, Exempt Organizations

IRS Group Exemption FAQs

The IRS refers to "central" or "parent" organizations, as well as "subordinate" organizations? What does these terms mean?

An organization that has been granted a 501(c)(3) group exemption by the IRS is referred to as the central or parent organization. The central organization generally supervises many affiliates or chapters, called subordinate organizations. The subordinate organizations have similar structures, purposes, missions and activities.

In Habitat's case, HFHI is the central organization and each Affiliate is a subordinate organization.

What is the reason for group exemptions vs individual exemptions?

Group exemptions are an administrative convenience for both the IRS and organizations with many affiliated organizations. Subordinates in a group exemption do not have to file, and the IRS does not have to process, separate applications for exemption. Instead, the IRS allows the central organization to include its subordinate organizations under its tax exempt "umbrella."

 Group exemptions are more convenient because only one central organization (HFHI) needs to be checked for tax exempt status.

Who determines if a subordinate organization may be included under the central organizations' group exemption?

The central organization, not the IRS, determines who is exempt under its 501(c)(3) umbrella. The IRS <u>does not</u> approve or deny a subordinate's inclusion on HFHI's roster of exempt subordinates. It is solely at the discretion of the central organization holding the 501(c)(3) designation as long as the subordinate is similar in mission, purpose, structure and activities. The IRS leaves it up to the central organization to police its own list of subordinate entities and to report any changes. Failure to monitor the list in accordance with the rules set forth by the IRS may result in the central organization having its 501(c)(3) status revoked.

HFHI is the final determiner of whether Affiliates are on its group exempt list. The IRS <u>will not</u> issue a letter with regard to an individual Affiliate.

How does a donor verify that an organization is included as a subordinate in a group exemption ruling?

The central organization which holds the group exemption (rather than the IRS) determines which organizations are included as subordinates under its group exemption umbrella. Therefore, a donor should verify that an organization is a subordinate eligible to receive tax deductible donations by requesting a copy of a letter provided by the central organization to the subordinate confirming the subordinate entity's inclusion on its roster of exempt subordinates. This letter, coupled with a copy of the central organizations 501(c)(3) determination letter provides adequate proof of the entity's tax exempt status.

- Affiliate should provide donors a copy of the confirmation letter (with the HFHI IRS determination letter attached) that HFHI provides to each Affiliate on an annual basis.
- Donors should be told that the IRS determination letter will not reference the Affiliate by name.

How do donors verify that contributions are deductible with respect to a subordinate organization in a section 501(c)(3) group exemption ruling?

Many donors are accustomed to consulting the IRS database known as EOS Select Check to confirm that donations to a specific organization are tax deductible. This works well for organizations that have an individual tax exemption; however, it creates a bit of confusion when it comes to organizations with a group tax exemption status.

The EOS Select Check database does NOT list all subordinate entities. It lists the central organization because the central organization is the entity that applied for, and was granted, a 501(c)(3) designation. Many times donors become alarmed when they do not see the individual Affiliate listed in the database. It is important to explain to your donor that providing HFHI's group exemption number (GEN) along with a confirmation letter from HFHI, as the central organization, is sufficient proof of the subordinate entity's tax exempt status. Donors may rely upon central organization verification with respect to deductibility of contributions to subordinates covered in a section 501(c)(3) group exemption ruling.

 Explain to your donors early the procedure so that they will not be surprised when the Affiliate is not referenced on the EOS database.

Employer Identification Number (EIN) vs Group Exemption Number (GEN)

The Employer Identification Number (EIN) is a nine-digit number that is unique to each business and generally appears in the following format: XX-XXXXXXX. Its role for a business is similar to that of the Social Security number for an individual. The number includes information about which state the corporation is registered in. This unique identification number is assigned to a business entity so that they can easily be identified by the Internal Revenue Service. The EIN is also known as a Federal Identification Number (FIN) or Tax ID.

This number is apart and separate from a company's group exemption number (GEN). The EIN identifies the specific organization. The GEN identifies the entity's further designation as a tax exempt organization.

The GEN number is a number assigned by the IRS which identifies the central organization who was granted the group exemption. The GEN number is a 4 digit number that should be supplied to donors when they make a donation. This number allows the donor to make a tax deduction based on the donation to the tax exempt entity.

- HFHI's GEN is 8545. This should be given to your donors.
- Do not use HFHI's EIN in your Affiliate's tax return and other documents. This will cause the IRS to confuse your Affiliate with HFHI (including accidentally holding you responsible HFHI's payroll taxes, misreporting on Form 990, etc.)

• HFHI's GEN is 8545. This should be given to your donors.

Do not use HFHI's EIN in your Affiliate's tax return and other documents. This will cause the IRS to confuse your Affiliate with HFHI (including accidentally holding you responsible HFHI's payroll taxes, misreporting on Form 990, etc.)



Entity Status Letter

Date:	9/15/2019
ESL ID	:

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

Entity ID:

Entity Name: HABITAT FOR HUMANITY INLAND VALLEY, 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 23701d.
 - 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
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

	rm 990	Return	of Organization E	xempt From Inc	come Tax	OMB No. 1545-0047
Department	of the Treasury renue Service	Under section 501((c), 527, or 4947(a)(1) of the Internet r social security numbers w.irs.gov/Form990 for inst	ternal Revenue Code (except on this form as it may l	private foundations)	Open to Public
		r year, or tax year be		, 2017, and endin		Inspection
	if applicable: C		<u></u>	, zorr, and cital	3 0/00	, 2018 yer identification number
Ad	ddress change HZ	ABITAT FOR HUN	MANTTY			
Na		NLAND VALLEY,			E Telepho	one number
	itial return 41	1615 WINCHESTE	ER RD #214			
Fin	al return/terminated	EMECULA, CA 92	2590			
	mended return				6	
		Name and address of princ	cipal officer: TRANADA MAD	TND	G Gross re H(a) Is this a group return	
		ame As C Above		INE		les
Tax-e		501(c)(3) 501(c)		4947(a)(1) or 527	H(b) Are all subordinates If 'No,' attach a list.	(see instructions)
		HABITATIV.ORG		4347(2)(1) 01 327		
		Corporation Trust	Association Other	L Veer of fermal	H(c) Group exemption nu	
Part	Summary	Corporation	Association Other	L Year of formati	on: 1992 M SI	State of legal domicile: CA
	Briefly describe	the organization's min	ssion or most significant a	divition THE MERCE	ON OF UNDITAN	TOD WINGSTON
	TNITAND WAT	TEV TH DADTH	EDCUTD WITHU COD	TO TO HE MISSIC	JN OF HABITAT	T FOR HUMANITY
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	COMMUNITY.	HIP, AS WELL	AS IMPROVE THE LI	IVING CONDITION	S FOR THOSE	IN_THE
Lan 2 (if the organizat	tion discontinued its answe			
ACTINITIES & Governance	Number of voting	members of the gov	tion discontinued its operative version versio	tions or disposed of mo	re than 25% of its n	
8 4 M	Number of indep	endent voting membr	ers of the governing body ((Part VI, line 1b)		3
2 5 T	Total number of i	individuals employed	in calendar year 2017 (Pa	art V. line 2a)		5
S 6 1	Total number of v	volunteers (estimate	if necessary)			6 1,2
	Total unrelated b	usiness revenue from	n Part VIII, column (C), line	e 12		7a 7a
bN	Net unrelated bus	siness taxable incom	e from Form 990-T, line 34	4		7b
1					Prior Year	Current Year
8 0			ne 1h)		1,413,32	21. 1,345,86
9 F 10 h	Program service	revenue (Part VIII, Iir	те 2g)	- Dara annuar	22,19	
10 li	nvestment incom	ie (Part VIII, column	(A), lines 3, 4, and 3d)			14. 30
1	Juner revenue (P	art VIII, column (A), I	lines 5, 6d, 8c, 9, 10c,	🖉 1 lė)	-6,91	
			1 (must equal Partient, co			08. 2,493,67
			t IX, column (A), lines 1-3)			
			IX, column (A), line 4)			
15 S			ee benefits (Part IX, colum			34. 998, 59
16a P			column (A), line 11e)			
	otal fundraising	expenses (Part IX co	olumn (D) line 25) 🕨			
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Board of Directors

Craig Evans President Connie French Vice President Luanne Jobgen Secretary Barbara Wurtz Treasurer

Estella Cline Jacob Gillette Christopher Hart Jeannette Hartmann Kari H'Orvath Maria Johnson Dan Keck Michael McCracken Vicki Puterbaugh Jackie Steed Gary Thornhill Paul Villamil

Advisory Board David Blake David Boone John Bunge Brad Eskildsen Larry Markham Lorrie Schulenberg

Tammy Marine Executive Director

Federal Tax ID 33-0461804



September 16, 2019

Aaron Adams, City Manager City of Temecula Community Service Funding Program 41000 Main Street Temecula, CA 92590

Dear Mr. Adams:

Thank you for the opportunity to present a Program Application for the 2019-2020 Community Service Program Funding for the City of Temecula. In 2018-2019, Habitat for Humanity Inland Valley received funding and proudly provided 26 households with home repair and maintenance projects. We were able to complete more projects than in previous years due to the City's ongoing support.

Projects were more unique this year providing both beautification as well as health and safety improvements. We provided neighborhood beautification on 15 homes within the Heritage Mobile Estates Park, providing mostly weed abatement through a single-day event. Other projects included skirting replacement, furnace repair, deck repair, porch and stair carpeting, landing repair, handrail installation and paver installation.

These projects directly impacted residents and the City of Temecula as a whole, instilling a sense of community and pride for beautifying neighborhoods. Once again, we approach the City of Temecula to partner in serving the residents of the City through the A Brush with Kindness Program.

Our A Brush with Kindness Program provides minor home repairs for lowincome families. In ABWK, Habitat provides materials and labor to make small, cosmetic or safety improvements to homes. Generally, these are quick, external fixes like removing debris, mending broken fences, or exterior/window repairs that help secure residents and preserve affordable housing. The beauty of our program is the flexibility to meet individual needs to create or protect housing affordability,

Thank you again for your consideration; we look forward to the City's review and evaluation of our work and proposed program to serve the residents of the City of Temecula. If you have any further questions, or I can provide more information, please do not hesitate to contact me.

Respectfully,

Tammy Marine, Executive Director tammy@habitativ.org 27475 Ynez Road #390, Temecula, CA 92591 Phone: (951) 296-3362 Fax: (951) 296-3363 www.habitativ.org

Now more than ever. Help Build It!

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION

16

HOSPICE OF THE VALLEYS

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$_5000.00	(Maximum allowable \$5,000 per Organization)
Project/Program Title: Senior Assistance Program	Start Date: 07/01/2019 End Date: 06/30/2020
If Grant is Awarded, Make Check Payable to: Hospi	ce of the Valleys

Mailing Address: 25240 Hancock Ave.

25240 Hancock Ave Suite 120 Mu

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Hospice of the Valleys Year Organization I	Founded: 1982
Website: www.HospiceoftheValley Number of Paid Staff: 58 Number of	
Contact Name: Melanie House Title/Position: Dev. C	
Contact Person's Email Address: mhouse@hovsc.org Telephone: 951-200	
Geographic Area(s) the Organization Serves: SW Riverside Co & Fallbrook	(
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Function exclusively used to serve Temecula.) SW Riverside County & Fallbrook	ling Grant must be
Include Physical Address of Project/Program: (if different than Organization's Mailir 25240 Hancock Ave. Suite 120 Murrieta, CA 92562.	ıg Address)

NONPROFIT STATUS

ls th	this organization incorporated as a nonprofit? Yes_X_	_ No (If No, then ineligible to receive City Funding)
Date	ate of Incorporation as a Nonprofit: June 1983	
Fed	deral Identification Number:Sta	e Identification Number:
Prin	int out and attach to this application Verification from	ederal (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 stat	us letter/index.asp
3.	Attach first page only of most recent IRS Form 990	or attach print out of detailed information
	about your charity found on this State Registry's Se	arch Tool:

http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

AUG 2 1 2019

Community Service Funding Grant APPLICATION CITY MANAGER'S Page 1 of 7

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 \times ____ 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 X 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 X____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No____Yes_X___If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CDBG 2020	Senior Assistance Program	6/2020	\$5,538
CDBG 2019	Senior Assistance Program/ CDBG 6/2018= \$5,345	6/2019	\$5,583
CSF FY18/19	Senior Assistance Program	2/2019	\$5,000
CSF FY17/18	Senior Assistance Program	12/2017	\$5,000

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Hospice of the Valleys

fosters reverence for life, relief of suffering, and compassion in loss for terminally ill patients, and their families,

in the communities we serve.

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2019

AUG 2

Members-at-Large

Community Service Funding Grant APPLICATION

Page 2 of 7 CITY MANAGER'S

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Senior Assistance Program	is hospice care for
Project/Program Title	
senior citizens and the severely disabled. C	are includes personal visits by
clinicians and volunteers, as well as the	e provision of medical supplies,
medications, & durable medical equipn	nent. Care is also given to
family members and caregivers, as nee	eded.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Hospice of the Valleys	will spend the grant funds on
Nonprofit Name	
medication copays, incontinence supplies	, fully electric bed rentals,
and overbed tables for the Temecula reside	ents we serve.

3. If awarded, explain HOW the grant funding will specifically BENEFIT <u>TEMECULA</u> RESIDENTS.

Grant funding will specifically benefit Temecula residents by providing them with

medical equipment and supplies that will keep them comfortable

at the end of life. We will also save them money by not charging

them for medication co-pays.

Estimated number of people expected to benefit f	rom this Project/Program: <u>50</u>
Estimated number of volunteers involved in this P	
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	AUG 2 1 2019
	CITY MANAGER

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4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Senior Assistance Program

Grant funding will be used to pay for medical supplies and medical equipment to keep our patients comfortable. Funds will also help cover the costs of patient medication copays.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5000	
Cash contributed to Project/Program by the Applicant Organization	\$17,700	19568
Other grants or funding already awarded for Project/Program, if any	\$5345	Sec. 121
In-Kind match amount or volunteer credit hours estimated amount	\$0	- Part
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program	5 and	\$28045
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
TOTAL BUDGET FOR PROJECT/PROGRAM	\$28045	\$28045

5. Provide Project/Program budget details below.

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019**.

	EXF	PENDITURE REPOR	T due on or b	efore Monday, September 16, 2	2019
3. 4.	providing the numb program: (approxin Fill out this table (ir Attach Receipts/Inv Send to: City of Te	per of beneficiaries liv nate number of benef nclude additional copi voices (in the same of mecula, 41000 Main e of the Valleys	ing in 92590, s iciaries if you es if needed t rder as listed i St., Temecula	, CA 92590, Attn: City Manager's Name of Project/Program:	Office - CSF
Amo	ount of Grant Fund	Awarded: \$ 500		Month + Year Grant Received fr	rom City: 2/2019
Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, olease attach
1	Medline	7/18-6/19	\$ 884.73	Incontinence Pads	
2	Horizon	7/18-6/19	\$ 988.14	overbed tables	
3	Horizon	7/18-6/19	\$ 1034.10	Electric bed ventals	1
4		7/18-6/19	\$3800.00	Electric bed ventals Medication co-pays not charged to patients	\$5/medication
5			\$	courgen w panerer	
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund re) provided by the City	\$ \$704.	97	

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: Hospice of the Valleys
MAILING ADDRESS: 25240 Hancock Ave. Suite PHONE: (951) 200-7800 EMAIL: LCVAr (2) house.org
25240 Hancock Ave. Suite
PRESIDENT / AUTHORIZED OFFICER: Lynette CVAr, Chief admin officer / CFO
SIGNATURE: DATE: DATE: //6/19 (Month, Day, Year)
IF DIFFERENT THAN ABOVE, PAMELA Chaput, Development Coord APPICATION PREPARED BY: Print Name, Development Coord Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Home > Tax Exempt Organization Search > Hospice Of The Valleys Sc

< Back to Search Results

Hospice Of The Valleys Sc

EIN:

Murrieta, CA, United States

Publication 78 Data o

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

Page Last Reviewed or Updated: 6-Jul-2018



WIRS



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury



Entity Status Letter

Date:	8/7/2019
ESL ID:	

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

Entity ID:

| **X**|

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 23701d.
 - 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.
 - 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
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

Form **990**

Department of the Treasury

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.

2017

OMB No. 1545-0047

Open to Public

Internal Rev	venue Service	Go to www	.irs.gov/Form990 for instr	uctions and	d the latest	information.		inspection
A Fort	the 2017 calen	dar year, or tax year begi	nning	, 2017	, and ending	g		
B Check	if applicable	С				D Emp	loyer identi	fication number
A	ddress change	HOSPICE OF THE	VALLEYS SC, INC.					
N	lame change	25240 HANCOCK AV	VE, STE 120			E Tele	phone numb	ber
- In	nitial return	MURRIETA, CA 92				95	1-200-	-7800
Fi	inal relurn/terminated						1 200	1000
	mended return					G Gros	s receipts	5,852,773.
-	pplication pending	F Name and address of princip	al officer: LYNETTE CVA	D	1	H(a) Is this a group re		
	pproduction ponding	Same As C Above	LINETTE CVA	R				
Tax.	-exempt status	X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or	527	H(b) Are all subordina If 'No,' attach a l	st (see inst	ructions)
_		W.HOSPICEOFTHEVA		4547(a)(1) 01				
	n of organization:	Corporation Trust	1	11.		H(c) Group exemption		
Part I	Summar	land	Association Other P		Year of formation	m: 1983 m	State of le	egat domicile: CA
	Briefly descrit	he the organization's miss	sion or most significant ac	tivitioe TUT	CDECTE	TC DUDDOCE	OF II	COTCE OF MUR
	VALLEVS	TS TO PROVIDE ED	UCATIONAL, PSYCH	OT OCTCA	I SPECIE	TONAL AND	UF HU	JOPICE OF THE
jce	TO TERMI	NALLY ILL PATIEN	TC TC	OFOGICA	L, EMOI	TONAL AND I	MEDICA	L ASSISTANCE
nar	IO IDIUII.		13.					
Governance 8 8	Check this bo	x if the organization	on discontinued its operati	ions or disp	osed of mo	re than 25% of it	s net ass	ets
<u>පි</u> 3		ting members of the gove	rning body (Part VI, line 1	la)	0.550 01 1110		3	
°8 4	Number of inc	lependent voting member	rs of the governing body (F	Part VI, line	e 1b)		4	
≝ 5	Total number	of individuals employed i	n calendar year 2017 (Par	rt V, line 2a)		5	6.
9 11	Total number	of volunteers (estimate if	necessary)			All the second s	6	7
			Part VIII, column (C), line					0
Ь	Net unrelated	business taxable income	from Form 990-T, line 34					0
	Contributions		11.5		6	Prior Yea		Current Year
8 9	Contributions	and grants (Part VIII, line	e 1h)	A Second			979.	57,704
10	Investment in	ce revenue (Part VIII, III)	e 2g) A), lines 3, 4, and 7d)	a france	Actual Contract	5,290,		5,631,040
9 9 10 11	Other revenue	(Part VIII, column (A) li	nes 5, 6d, 8c, 9c, 10c, and	4113			366.	14,594
			(must equal Part VIII, col				380.	104,142.
			IX, column (A), lines 1-3).			5,514,	000.	5,807,480.
			X, column (A), line 4)			-		
			e benefits (Part IX, colum			3,738,	660	3,730,633.
9 16 7			column (A), line 11e)			5,150,	009.	3,130,033.
5 10a							-	
<u> </u>		ng expenses (Part IX, co		11			-	
			nes 11a-11d, 11f-24e)			1,681,	984.	1,779,781.
			equal Part IX, column (A),			5,420,	653.	5,510,414.
	Revenue less	expenses. Subtract line 1	8 from line 12		*******	94,	227.	297,066.
1000					100	Beginning of Curr	ent Year	End of Year
uele 20	•					1,924,	110.	2,247,097.
-						370,	110.	383,084.
2 22 1	Net assets or f	und balances. Subtract li	ne 21 from line 20	nterinen		1,554,	000.	1,864,013.
Part II	Signature	Block						
ider penaltie	es of perjury, I decl	are that I have examined this retu	irn, including accompanying schedu all information of which preparer ha	ules and statem	ents, and to the	e best of my knowledd	e and behef	f, it is true, correct, and
mplete. Dec	claration of prepare	r (other than officer) is based on	all information of which preparer ha	as any knowled	ge.			
					-			
ign	Signature					Date		
ere	LYNE	TTE CVAR				CAO/CFO		
		int name and title	1		-			
	Print/Type pre		Preparer's signature		Date	Check	if P	TIN
aid		Klein, CPA, EA	Michael Klein, C	CPA, EA		self-emplo	yed	
reparei		► NIGRO & NIGRO						
se Only	y Firm's address	25220 Hancock	Ave Ste 400			Firm's EIN	•	
_		MURRIETA, CA				Phone no.	(951)	698-8783
			shown above? (see instru	ictions)				X Yes No
A For F	Paperwork Re	duction Act Notice, see t	he separate instructions.		TEEA	0113L 08/08/17		Form 990 (201

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



JACOB'S HOUSE INC.

CITY OF TEMECULA

FISCAL YEAR 2019-2020 **COMMUNITY SERVICE FUNDING PROGRAM APPLICATION** (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$ 5,000

Project/Program Title: JH Operations

(Maximum allowable \$5,000 per Organization) Start Date: 7/1/19

___ End Date: 6/30/20

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

31525 Jedediah Smith Ro Mailing Address:

Temecula CA 92592

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Jacobs House Inc. ____ Year Organization Founded: 2007 Website: www.jacobshousetemecula.org Number of Paid Staff: 4 Number of Volunteers: 60 Title/Position: Operations Manager Contact Name: Martin Barrera-Martinez Contact Person's Email Address: <u>martin@jacobshousetemecula.org</u> Telephone: 951-452-2627

Geographic Area(s) the Organization Serves: Temecula

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) Temecula

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Temecula CA 92592

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes X No	(If No, then ineligible to receive City Funding)
Date of Incorporation as a Nonprofit: August 16th, 2007	

Federal Identification Number 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/
- Attach State Entity Status Letter using this link: 2. 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 information about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

City of Temecula

Community Service Funding Grant APPLICATION

Page 1 of 7 RECEIVED

SEP - 5 2019 CITY MANAGER'S OFFICE

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 \times 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^X 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 X

Members-at-Large ____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No____ Yes \times ___ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF 16/17	laundry room expansion	Feb 2017	\$1768.84
CSF 17/18	rehabilitation project; upgrade laundry room	Feb 2018	\$2500
CSF 18/19	operational expenses; office/residential supplies	Jan 2019	\$2500
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Jacob's House is a

'House of Refuge' where families displaced by a traumatic medical crisis can access JH emergency shelter services and find

hope, comfort, peace, and respite while caring for a loved one admitted to critical/ life-threatening care in a Southwest Riverside County

hospital. JH is a community resource providing emergency shelter; as well as physical, emotional, and spiritual support for families in crisis.

City of Temecula

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The JH Operations	is	the only emergency hospitality resource in all of Riverside County
Project/Program Title	- 10	
Services are made possible through a partnership with the (5) local hospitals: Rancho Springs, Inland Valley, Terrecula Valley, Ra	dy's, ai	nd Loma Linda; who refer families to JH, JH accomodates (15) guests
at a time; offering respite just minutes from the hospitals. The property has 4 bedrooms, fully stocked kitchen, laundry, internet, cable/N	, ancilla	ary services of clothing and transportation, children's playground, garden,
chapel. JH is a financial safely net for families; providing resources free of chargo; and eliminating emergency expenditures on lodging	meals	, and transportation in the midst of crisis, JH program impact has grown
150% this year. Projected outcomes for 2020 include: 500 nights of service for 250 individual family members; providing a measura	ole savi	ings to families of at least \$67.500 of unexpended financial resources

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, Jacobs House Inc.	will spend the grant funds on operations
Nonprofit Name	
to provide emergency residential services to families in crisis. Expenses include: culinary supplies	s/groceries, laundry services, utilities, propertyrepairs/maintenance,
security & database systems, facility improvements, gardening/landscaping, residential & office supplies	s. Resources are valued at an operational cost \$135/day. 500 nights of
service for 250 guests in 2019/20, will result in a total program cost of \$67,500. City funds help pre	eserve financial resources for families in crisis. A typical family of (4)
staying at JH can save approx. \$800 in lodging, \$600 in meals, and \$100 in mileage; preserving time t	to focus on what matters most: caring for a loved one in medical crisis.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by
60+ Community volunteers engage with House Attendants, Guest Intake, Event, Outreach, and Property Maintenance, Organizations that participate in JH volunteer opportunities include
TV Methodist Church, (NCL) Temecula & (NCL) Murrieta-Ternecula, & Wells Fargo, Eagle Scouts, Girl Scouts, Rock Church, Old Town Spice & Tea Merchants, Abbott, Europa Village Winery
Rogers Group Real Estate, & Starbucks Meadow Parkway Business partners include: Rancho Family Medical, Pechanga, CR&R, Alta Pacific Bank, Open Jar, & Ternecula Valley Hospital
JH strengthens the Temecula Healthcare community through collaboration with (5) hospitals; equipping Ihousands of hospital staff to better serve basic needs of patients and families
Estimated number of people expected to benefit from this Project/Program: 250
<u> </u>

Estimated number of volunteers involved in this Project/Program: 60

City of Temecula

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

JH Operations

City funds will support JH operational costs of: culinary supplies/groceries, laundry services, utilities, property repairs/maintenance, security & database systems, facility improvements,

gardening/landscaping, residential & office supplies. This funding will help serve 250 Temecula guests who need a place to stay will caring for a loved one in the hospital.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$5,000	
Cash contributed to Project/Program by the Applicant Organization	\$ 188,500	Maren -
Other grants or funding already awarded for Project/Program, if any	\$17,500	
In-Kind match amount or volunteer credit hours estimated amount	\$17,000	Me sul real
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$96,000
Equipment Expense For Project/Program		\$2,500
Food Expense For Project/Program		\$1,500
Marketing Expense For Project/Program		\$7,500
Supplies Expense For Project/Program		\$13,500
Facilities/Rent Expense For Project/Program		\$42,000
Other Expense For Project/Program		\$65,000
TOTAL BUDGET FOR PROJECT/PROGRAM	\$228,000	\$228,000

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by
 providing 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): report submitted in August 2019
- 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 CSF

Organization: Jacobs House Inc.

Name of Project/Program:

Amount of Grant Fund Awarded: \$

Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice		Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4		N.	\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to 'Amount of Grant Fund e) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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.

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EXPENDITURE REPORT due on or before Friday, September 11, 2020

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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): Report submitted in August 2019
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- 4. Send to: City of Temecula, 41000 Main St., Temecula, CA 92590, Attn: City Manager's Office CSF

Organization: Jacobs House Inc.

Amount of Grant Fund Awarded: \$ Month + Year Grant Received from City:

Name of Project/Program:

Attachment Number	Name of Company on Receipt/Invoice		Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to "Amount of Grant Fund (a) provided by the City	\$		

City of Temecula

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: Jacobs Ho	use Inc.			
MAILING ADDRESS: 31525 Jedediah	Smith Rd PHO	DNE: (⁹⁵¹) 452-2627	EMAIL:	martin@jacobshousetemecula.org
Temecula CA 9	2592			
PRESIDENT / AUTHORIZED OFFICER:	Shawn Nel	son, President		
PAR O	Print Name			Title
SIGNATURE: SKDW	-		DATE:	August, 19, 2019
				(Month, Day, Year)
IF DIFFERENT THAN ABOVE, Martin	Barrera-M	lartinez, Opera	tions	Manager
	Print Name			Title
SUBMIT ORIGINAL APPLI	CATION BY	MONDAY, SEPTE	MBEF	R 16, 2019, TO

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

City of Temecula

<u>Home > Tax Exempt Organization Search > Jacobs House Inc</u>

< Back to Search Results

Jacobs House Inc

EIN:

, --, United States

> Other Names

Publication 78 Data o

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) o

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 2018 Form 990

Organization Name: Jacobs House Inc

Tax Period:	
201812	
Return ID:	
Filing Type:	
E	
Return Type:	
990	
Copy of Return:	
2018 Form 990 Filing	

Page Last Reviewed or Updated: 6-Sept-2019

A Share

🔒 Print

WIRS

A	9	0	in	N.S.

Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer	Office of Appeals	中文	Treasury Inspector General
Help	Advocate Service	Identity Theft	한국어	for Tax Administration
Contact Your Local Office	Accessibility	Protection	Русский	
Tax Stats, Facts &	Civil Rights	Report Phishing	Tiếng Việt	USA.gov
Figures	Freedom of Information Act	Tax Fraud & Abuse		

No Fear Act
	IC print - DO NOT PROCESS				-	1	OMB No 1545-00	
orm 990	Return of Or	ganization Ex	empt From	Incom	eTax	F		
9J	Under section 501(c), 527, or	4947(a)(1) of the Inte	rnal Revenue Code	e (except pi	ivate foundatio	ons)	2018	
epartment of the		Do not enter social security numbers on this form as it may be made public Open to Public Open to Public						
reasury	Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							
for the 201	9 calendar year, or tax year begin	aning 01-01-2018	and anding 12-21	-2018				
Check if applicabl	C Name of organization	mmg 01-01-2018 ,	ind ending 12-53	-2010	D Employer	Identif	ication number	
Address change	JACOBS HOUSE INC							
Name change	Doing business as				-			
[Initial return] Final return/termina	Land Contraction of the second second second				-			
Amended return	Number and street (or P O box if m 31525 JEDEDIAH SMITH RD	and is not delivered to stree	t address) Room/sui	te	E Telephone	number		
Application pend	ing							
	City or town, state or province, cour TEMECULA, CA 92592	ntry, and ZIP or foreign pos	tai code		G Gross rece	nte e 1	69 531	
	F Name and address of principa	officer		H(n) to the	-		00,525	
	SHAWN NELSON	Sioncer			ns a group retu proinates?	rn ror	Yes No	
	31525 JEDEDIAH SMITH RD TEMECULA, CA 92592			H(b) Are	all subordinates	5	Ves VNG	
Tax-exempt state	and the second sec		(1) or 527		ided? lo," attach a lisi	(see		
Website >	WWW JACOBSHOUSETEMECULA ORG		(1) [] 321		ip exemption n			
in a share i v	In the second of the court of the							
orm of organizati	on 🗹 Corporation 🗆 Trust 🖾 Asso	ciation D Other ►		L Year of form	nation 2007	1 State	of legal domicile CA	
	mmary describe the organization's mission of							
3 Numbe	this box I if the organization dis ir of voting members of the governin r of independent voting members of	g body (Part VI, line 1a)			3		
3 Numbe 4 Numbe 5 Total n	r of voting members of the governin	g body (Part VI, line 1a the governing body (Pa endar year 2018 (Part)) art VI, line 1b) . /, line 2a)			3 4 5 6		
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 3 Number 3 Number 4 Number 5 Total in 6 Total in 7a Total in b Net union 8 Contribing 9 Program 10 Investing 11 Other in 12 Total registric 14 Benefits 15 Salaries 16a Profession 17 Other endited and the second seco	r of voting members of the governin r of independent voting members of umber of individuals employed in cal umber of volunteers (estimate if nec- nrelated business revenue from Part related business taxable income from utions and grants (Part VIII, line 1h) in service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 5 ivenue—add lines 8 through 11 (mus and similar amounts paid (Part IX, colum draising expenses (Part IX, column (A), lines 1 ispenses (Part IX, column (A), lines 1 spenses (Part IX, column (A), lines 1 spenses (Part IX, column (A), lines 1 spenses Add lines 13-17 (must equa- te less expenses Subtract line 18 from sets (Part X, line 16) bilities (Part X, line 26) ats or fund balances Subtract line 21 nature Block perjury, I declare that I have examina-	g body (Part VI, line 1a the governing body (Part endar year 2018 (Part V essary) VIII, column (C), line 1: a Form 990-T, line 34 a Form 990-T, line 34 b 6d, 8c, 9c, 10c, and 12 at equal Part VIIi, column (blumn (A), lines 1–3) lumn (A), lines 1–3) lumn (A), line 4) hefits (Part IX, column (an (A), line 11e) ne 25) ▶0 1a–11d, 11f–24e) . al Part IX, column (A), line line 12 1 from line 20 .)	Pr	rior Year 140,624 87. 55,494 196,983 51,672 141,493 193,163 3,813 9 of Current Year 960,068 462,982 497,086 d statements, a	3 4 5 6 7a 7b 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Current Year 101,2 7 36,0 138,0 53,4 174,6 228,1 -90,0 End of Year 855,9 448,9 407,0 the best of my	
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3 Number 4 Number 5 Total m 6 Total m 7a Total m 8 Contrib 9 Program 10 Investm 11 Other m 12 Total ref 13 Grants 14 Benefits 15 Salaries 16a Profess b Total fum 17 Other ef 18 Total ex 19 Revenue 20 Total as 21 Total ha 22 Net asse artil Sign r penalties of hedge and belly convergent	r of voting members of the governin r of independent voting members of umber of individuals employed in cal umber of volunteers (estimate if nec- nrelated business revenue from Part related business taxable income from utions and grants (Part VIII, line 1h) in service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), line service revenue (Part VIII, line 2g) nent income (Part VIII, column (A), lines 5 ivenue—add lines 8 through 11 (mus and similar amounts paid (Part IX, colum draising expenses (Part IX, column (A), lines 1 ispenses (Part IX, column (A), lines 1 spenses (Part IX, column (A), lines 1 spenses (Part IX, column (A), lines 1 spenses Add lines 13-17 (must equa- te less expenses Subtract line 18 from sets (Part X, line 16) bilities (Part X, line 26) ats or fund balances Subtract line 21 nature Block perjury, I declare that I have examina-	g body (Part VI, line 1a the governing body (Part endar year 2018 (Part V essary) VIII, column (C), line 1: a Form 990-T, line 34 a Form 990-T, line 34 b 6d, 8c, 9c, 10c, and 12 at equal Part VIIi, column (blumn (A), lines 1–3) lumn (A), lines 1–3) lumn (A), line 4) hefits (Part IX, column (an (A), line 11e) ne 25) ▶0 1a–11d, 11f–24e) . al Part IX, column (A), line line 12 1 from line 20 .)	Provide a second	rior Year 140,621 87. 55,491 196,98: 51,67: 141,49: 193,16: 3,81: of Current Year 960,068 462,98: 497,086 d statements, a on all information 19-05-02	3 4 5 6 7a 7b 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Current Year 101,2 36,0 138,0 53,4 174,6 228,1 -90,0 End of Year 855,9 448,9 407,0 the best of my	

 Paid
 Print/Type preparer's name
 Preparer's signature
 Date
 Check If self-employed

 Preparer
 Firm's name NOTTINGHAM & ASSOCIATES
 Firm's EIN

 Use Only
 Firm's address > 43460 RIDGE PARK DR STE 240 TEMECULA, CA. 925903600
 Phone no. (951) 296-1698

Form 990 (2	2018) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete year	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related	than	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				rson	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SHAWN NELSON CHAIRMAN	2 00	х		×				0	0	0
(2) STEPHANIE NELSON CO-CHAIRMAN	2 00	x		x				0	0	O
(3) JACLYN GRANILLO Secretary	1 00	x		x				0	0	0
(4) LARRY BOGGELN BOARD MEMBER	1 00	x						0	0	0
(5) RICHARD VALDEZ BOARD MEMBER	1 00	x						0	0	0
(6) MARTIN BARRERA-MARTINEZ Executive Dir	40 00 0 00	x						48,000	0	0
				_	-					
					-		-			
			-	-	-		-			

Form 990 (2018)

	For	m 990	1								1	OMB No. 1545-0047
	1.01				of Organi c), 527, or 4947(2017
Dep	artment mal Reve	of the Treasury enue Service	► D	o not enter	social secur w.irs.gov/For	ity numbers	s on this for	n as it may l	be made ni	ublic.		Open to Public Inspection
A			ndar year, or t					7, and endin			-	mapeenan
В		f applicable:	C		<u>, , , , , , , , , , , , , , , , , , , </u>		1	r, me ondin	10 ⁻	D Employ	yer identif	ication number
	Ad	ldress change	JACOB'S	HOUSE,	INC.							2
	Na	ime change	31525 JE	EDEDIAH	SMITH RD				t	E Teleph	one numbe	er
	Ini	tial return	TEMECULA	1, CA 92	2592							
	Fina	al return/terminated										
	Am	nended return								G Gross	eceipts \$	228,855
	ПАр	plication pending	F Name and a	ddress of princ	ipal officer: SH	ANNI NET	SON		H(a) Is this a			
	-		SAME AS	C ABOVE		AWIN NELL	3010		H(b) Are all s If 'No,' a	ubordinates	included	
	Тах-е	exempt status	X 501(c)(3)	501(c)		insert no.)	4947(a)(1)	or 527	lf 'No,' a	ttach a list,	(see instr	uctions) 🛏 🛄
	Web	osite: ► W	W.JACOBS						H(c) Group e:	vernation n	mher 🖿	
	Form	of organization:	X Corporation		Association	Other >	li	. Year of formati				gal domicile: CA
12	art I	Summa	- Internal -			- Cultur		rear or format	2007		state of leg	da domiche. CA
1	1 1	Briefly descr	ibe the organi	zation's mis	ssion or most	significant	activities: o					
5								44444				
0	1.1											
		eucesa				22222						
5		Check this b	ox ► if th	e organizat	ion discontinu	ed its oper	ations or dis	posed of mo	re than 25	% of its	net ass	ets.
5	3 [Number of v	oting members	s of the gov	erning body (Part VI, line	e 1a)				3	
AVIIVILLES & GUVELIARIOS	4 ľ	Number of ir	dependent vo	ting membe	ers of the gov	erning body	(Part VI, lin	ie 1b)			4	
Í	5	Total number	of individuals	s employed	in calendar y	ear 2017 (F	Part V, line 2	a)			5	
	6	Total number	of volunteers	s (estimate	if necessary).						6	5
2	7a 🛛	Total unrelat	ed business re	evenue from	n Part VIII, co	lumn (C), li	ne 12				7a	0
	bľ	Net unrelated	business tax	able incom	e from Form	990-T, line :	34				7b	0
	1					-				or Year		Current Year
	8 (Contributions	and grants (F	Part VIII. lir	ie 1h)					131,7	31	140, 620
			vice revenue (-0		-	131,7	54.	140,020
			, icome (Part V				C F	B		0	00.	872
	11 0	Other revenu	e (Part VIII, c	olumn (A).	lines 5, 6d 8	90 100-	and le)			63,3		55,490
	12 T	Total revenue	e – add lines	8 through 1	1 (must equa	Part	column (A)	ine 12)				
1			milar amount							195,9	94.	196,982
1										_	-	
			to or for men									
			er compensati							45,9	97.	51,672
	16a F	Professional	fundraising fe	es (Part IX,	column (A),	line 11e)						
	bТ	otal fundrais	ing expenses	(Part IX, c	olumn (D), lin	e 25) 🕨			1.0 m		1	
I			es (Part IX, c							140 0	E A	141 400
I			es. Add lines							140,2		141,493
ł										186,2		193,165
	19 F	Revenue less	expenses. Su	lotract line	18 from line	2				9,7		3,817
Lunu putting									Beginning			End of Year
	20 T	otal assets (Part X, line 1	5)	*********					968,9	74.	960,068
	21 T	otal liabilitie	s (Part X, line	26)	•••••					475,7	06.	462,982
	22 N	let assets or	fund balances	s. Subtract	line 21 from I	ine 20				493,2	68	497,086
aı	tll	Signatur						1111111110000000	1	155,2	00.1	457,000
-			and the second se	xamined this re	turn, including acc	omnanying sch	edules and state	ments and to the	e hest of my l	(nowledge)	and belief	it is true correct and
pl	ete. Decl	laration of prepa	er (other than offic	cer) is based or	all information of	which prepare	r has any knowle	edge.	ic ocat of my l	чтоміваде (anu peller,	it is true, correct, and
	n	Signatur	e of officer						Date	-	_	
gi er	ρ	CITE-	NET COT									
1	~		IN NELSON	0					PRESIC	DENT		
_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		In the second second			10.			r r-	
		I minu ype pi	eparer's name		Preparer's sign	ature		Date	C	heck	if PT	IN

	JODY D. NO	DTTINGHAM, CPA	self-employed
Preparer	Firm's name	NOTTINGHAM & ASSOCIATES	
Use Only	Firm's EIN ►		
		TEMECULA, CA 92590-3600	Рһопе по. (951) 296-1698
May the IRS	discuss this r	eturn with the preparer shown above? (see instructions)	X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	Form	990	1						1	OMB No. 1545-0047
				of Organization), 527, or 4947(a)(1) of the l						2018
Dep	artment of mal Revenu	the Treasury		enter social security numbe w.irs.gov/Form990 for inst						Open to Public Inspection
	C		dar year, or tax year beg	innina		18, and endin		1	-	mspection
в	Check if a		C		,			Employ	er identif	ication number
	Addre	ess change	JACOB'S HOUSE,	INC.						
	Name	e change	31525 JEDEDIAH				E	Telepho	ne numb	er
	Initial	return	TEMECULA, CA 92	592				(95)	1) 45	8-8681
	Final re	eturn/terminated					-	100.	/ 10	
	Amen	ided return	A				G	Gross re	eceipts \$	168,523
	Applie	cation pending	F Name and address of princip	al officer: SHAWN NET	SON		H(a) Is this a g	roup retur	n for subc	
			Same As C Above		DOM		H(b) Are all sul If "No," at	ordinates	included	? Yes N
	Tax-exe	mpt status:	X 501(c)(3) 501(c) () < (insert no.)	4947(a)(1) or 527	II NO, at	ach a rist.	(see inst	
	Websi	te:► WW	W.JACOBSHOUSETEN	AECULA.ORG			H(c) Group exe	mption nu	mber 🕨	
(organization:	X Corporation Trust	Association Other		L Year of formation	on: 2007	Ms	tate of le	gal domicile: CA
Pa	irt I	Summar	у							
	1 Br	iefly descril	be the organization's mis	sion or most significant	activities:	See Sched	lule O	-	and the second	dana ana ana
ø	1 2	التخليط								
Suc	-									
Ë	-									
õ	2 Ch	leck this bo	x 🕨 🗌 if the organizati	on discontinued its ope	rations or di	isposed of mo	re than 25%	of its i	iet ass	ets.
ACTIVITIES & GOVERNANCE	3 Nu 4 Nu	imber of vo	ting members of the gove	erning body (Part VI, Iir	ie 1a)				3	
es	5 To	tal number	dependent voting membe	rs of the governing bod	y (Part VI, I	ine 1b)	******	and a	4	
Ĩ	6 To	tal number	of individuals employed i of volunteers (estimate i	n calendar year 2018 (i f necessaria)	Part V, line	2a)	******	1999.9	5	
5	7a To	tal unrelate	d business revenue from	Part VIII column (C)	(ino 12		*********	arrest.	6 7a	50
-	b Ne	t unrelated	business taxable income	from Form 990-T line	38				7a 7b	0
				inom rom 550-1, inc	30		1	r Year	10	0 Current Year
	8 Co	ntributions	and grants (Part VIII, line	> 1h)		and the second s	-		20	
			ice revenue (Part VIII, lin				-	40,6	20.	101,263.
	10 Inv	estment ind	come (Part VIII, column (A), lines 3, 4, and 7	N		-	9	72.	797.
	11 Oth	ner revenue	e (Part VIII, column (A), I	nes 5, 6d, 80 90 10	ad Her		-	55,4		36,025
	12 Tot	al revenue	- add lines 8 through 11	(must equal Part VIII)	column (A)	. line 12)		96,9		138,085.
			nilar amounts paid (Part						02.	150,005.
			to or for members (Part I						-	
			r compensation, employe					51,6	72	53,472
			undraising fees (Part IX,					51,0	12.	55,472.
							-		-	
			ng expenses (Part IX, co							
			es (Part IX, column (A), li					41,4		174,679.
1	18 Tot	al expense:	s. Add lines 13-17 (must	equal Part IX, column	(A), line 25)		1	93,1	65.	228,151.
-	19 Rev	/enue less	expenses. Subtract line	8 from line 12				3,8		-90,066.
0000	00 T 1	1 1 1					Beginning or	f Current	Year	End of Year
Balanc			Part X, line 16)					60,00		855,950.
21			(Part X, line 26)				4	62,9	32.	448,930.
2			fund balances. Subtract I	ine 21 from line 20			4	97,08	36.	407,020.
a	t S	Signature	Block							
ler	penalties o	f penjury, I decl	lare that I have examined this return r (other than officer) is based on	um, including accompanying sc	hedules and sta	tements, and to the	e best of my kn	owledge a	nd belief,	it is true, correct, and
il.	ete. Declara	tion of prepare	ar (other than onicer) is based on	all information of which prepar	er has any know	vledge.				
		Classification	1.15							
g	n	Signature					Date			
ēr	e		N NELSON				Preside	ent		
_			rint name and title	1						
		Print/Type pre	parer's name	Preparer's signature		Date	Che	ck	if PT	IN
i		Jody D. I	Nottingham, CPA	Jody D. Nottingha	m, CPA		self	employed		
	Darer	Firm's name	NOTTINGHAM & ASS							
se	Only	Firm's address	■ ▲3460 RIDGE PARE	CDR, STE 240			Firm	n's EIN 🏲		
_			TEMECULA, CA 925				Pho	пе по.	951)	296-1698
y	the IRS of	discuss this	return with the preparer	shown above? (see ins	structions).					X Yes No
A	For Pap	erwork Red	duction Act Notice, see t	he separate instruction	IS.		D101L 08/20/18			Form 990 (2018)

TEEA0101L 08/20/18



A hospitality house for families in traumatic need.

Shawn Nelson Foll to an Direktime.

Stephanie Nelson

Linda Mejia miectaria di Acco

1220, 128 28 Statute

ARTICLES OF INCORPORATION

STATE & FEDERAL FORMS

0070 50	INS e-file Signati	ure Authorization	1	OMB No. 1545-1878
Form 8879-EO	for an Exempt			
anno me	For calendar year 2016, or fiscal year beginning Do not send to the IRS	, 2016, and ending	.20	2016
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its	The second s	form8879eo	
Name of exempt organization	p mematen about om oors co and its	mad detions is at www.ma.gon		dentification number
JACOB'S HOUSE	, INC.			
Name and title of officer				
SHAWN NELSON PRESIDENT				
Part I Type of	Return and Return Information (Whole D	Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	m for which you are using this Form 8879-EO and a, below, and the amount on that line for the return ank (do not enter -0-). But, if you entered -0- on the	n being filed with this form was t	lank, then leave li	ine 1b. 2b. 3b. 4b. or 5b
1a Form 990 check here	b Total revenue, if any (Form 990, I	Part VIII, column (A), line 12)	1b	195,994
a Form 990-EZ check he	re 🕨 🔄 b Total revenue, if any (Form 9	90-EZ, line 9)	2b	
a Form 1120-POL check	here b Total tax (Form 1120-POI	L, line 22)	3b	
a Form 990-PF check he	re b Tax based on investment ind	come (Form 990-PF, Part VI, line	5) 4b	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c))		
De All D. I.				
	ion and Signature Authorization of Off I declare that I am an officer of the above organiza			
eturn, and the financial ins -888-353-4537 no later the	institution account indicated in the tax preparation titution to debit the entry to this account. To revok an 2 business days prior to the payment (settlement payment of taxes to receive confidential information	ke a payment, I must contact the nt) date. I also authorize the fina	U.S. Treasury Fin noial institutions in	nancial Agent at
eturn, and the financial ins -888-353-4537 no later the rocessing of the electroni ayment. I have selected a rganization's consent to e	titution to debit the entry to this account. To revok in 2 business days prior to the payment (settlemer ; payment of taxes to receive confidential informat personal identification number (PIN) as my signate lectronic funds withdrawal.	ke a payment, I must contact the nt) date. I also authorize the fina tion necessary to answer inquirit	U.S. Treasury Find Incial Institutions in the sand resolve iss	nancial Agent at nvolved in the ues related to the
eturn, and the financial ins -888-353-4537 no later the rocessing of the electroni ayment. I have selected a rganization's consent to e officer's PIN: check one b	titution to debit the entry to this account. To revok in 2 business days prior to the payment (settlemer c payment of taxes to receive confidential informat personal identification number (PIN) as my signate lectronic funds withdrawal.	ke a payment, I must contact the nt) date. I also authorize the fina tion necessary to answer inquirit	U.S. Treasury Find Incial Institutions in the sand resolve iss	nancial Agent at nvolved in the ues related to the
etum, and the financial ins -888-353-4537 no later the rocessing of the electroni ayment. I have selected a rganization's consent to e officer's PIN: check one b	titution to debit the entry to this account. To revok in 2 business days prior to the payment (settlemer c payment of taxes to receive confidential informat personal identification number (PIN) as my signate lectronic funds withdrawal.	ke a payment, I must contact the nt) date. I also authorize the fina tion necessary to answer inquirit	U.S. Treasury Find Incial Institutions in the sand resolve iss	nancial Agent at nvolved in the ues related to the applicable, the
eturn, and the financial ins 1-888-353-4537 no later the processing of the electronic oayment. I have selected a organization's consent to e Officer's PIN: check one b	titution to debit the entry to this account. To revok in 2 business days prior to the payment (settlemer c payment of taxes to receive confidential informat personal identification number (PIN) as my signate lectronic funds withdrawal.	ke a payment, I must contact the nt) date. I also authorize the fina tion necessary to answer inquiri ure for the organization's electro	a U.S. Treasury Fi ncial institutions in as and resolve iss nic return and, if a	nancial Agent at nvolved in the ues related to the applicable, the PIN
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DEPARTMENT OF THE TREASURY

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

Date NOV 0 3 2008

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

Employer Identification Number: DLN: Contact Person: JOANNA YAWNEY 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

TD#

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)

JACON'S HOUSE, INC.

Sincerely,

15 Benio

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)

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ARTICLES OF INCORPORATION OF JACOB'S HOUSE, INC.

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ENDORSED - FILED in the office of the Secretary of State of the State of Californite AUG I 6 2007

I.

The name of this corporation is:

JACOB'S HOUSE, INC.

Π.

This corporation is a nonprofit PUBLIC BENEFIT CORPORATION and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

The specific purpose of the corporation is to create and/or support nonprofit facilities, activities and organizations for charitable purposes within the meaning of the Internal Revenue Code of the United States and the Corporations Code of the State of California.

III.

The name and address in the State of California of this corporation's initial agent for service of process is:

Martin A. Weiss, J.D., LLM One BetterWorld Circle, Suite 300 Temecula, California 92590

IV.

The corporation is organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3), Internal Revenue Code.

1

No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

V.

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3), Internal Revenue Code.

Martin A. Weiss, J.D., LLM, Incorporator

Dated: July 30, 2007

L.

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3013750

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of $_$ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

AUG 2 8 2007

DEBRA BOWEN Secretary of State

Hec/State Form CE-107 (REV 1/2007)

SE OSP05 89734

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



MICHELLE'S PLACE

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$_5,000 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Cancer Resource Center Start Date: January 1, 2020 End Date: June 30, 2020

If Grant is Awarded, Make Check Payable to: Michelle's Place

Mailing Address: 41669 Winchester Rd.

Temecula, CA 92590

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Mich	elle's Place Year Organization Founded, 2001
Website: www.michellesplace.org	Number of Paid Staff:Number of Volunteers: 132
Contact Name: Kim Gerrish	Title/Position: Exec. Dir.
Contact Person's Email Address: kim@	michellesplace.or Telephone: 951-699-5455
Geographic Area(s) the Organization Se	
Geographic Area(s) the Project/Program exclusively used to serve Temecula.) <u>T</u> e	n Serves: (NOTE: Community Service Funding Grant must be emecula
Include Physical Address of Project/Prog	gram: (if different than Organization's Mailing Address)

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes X No	(If No, then ineligible to receive City Funding)
Date of Incorporation as a Nonprofit: November 4, 2001	

Federal Identification Number

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: <u>http://apps.irs.gov/app/eos/</u>
- Attach State Entity Status Letter using this link: <u>https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp</u>

Attach first page only of most recent IRS Form 990 <u>or</u> attach print out of detailed information about your charity found on this State Registry's Search Tool: <u>http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y</u>

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 X Yes If Yes, briefly describe:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? NoX____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
 X
 Members-at-Large

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No____YesX__ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF	Councilmember Zak Schwank - Breast Health Asst.	June 4, 2019	\$1,000
Sponsorship	5k Walk of Hope	September 22, 2019	\$in - kind
CSF	Breast Health Asst.	December 19, 2018	\$5,000
Matching Grant	Cancer Center Expansion	May 2019	\$50,000
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization.

Empowering individuals and families impacted by cancer through education and support

services.

GRANT FUNDING	PROJECT/PROGRAM	DESCRIPTION
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NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Cancer Resource Center

is a program that provides free

Project/Program Title

resources for cancer patients, education on prevention and early detection, patient navigation

services, temporary financial assistance, transportation and support to families dealing with

cancer.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded,	Michelle's Place	will spend the grant funds on providing free				
. 9	Nonprofit Name					
cancer res	ources to families dealing with cancer.	These resources include free wigs, prosthesis,				
wigs, hats,	scarves, and support groups. We also	o have a lending library, survivor support systen				
We provide free educational seminars on early detection, prevention, advances in cancer						
treatment,	etc. We provide voga, Reiki, expressiv	e art. a walking club haircuts and financial ass				

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by providing them the resources they need while going through cancer. Michelle's Place is the only cancer resource center in the county an is located in the City of Temecula. Residents can receive free transportation, financial assistance support, wigs, hats, scarves, prosthesis, lymphedema sleeves and anything else they may need to help them recover from cancer treatment.

Estimated number of people expected to benefit from this Project/Program: 32	
Estimated number of volunteers involved in this Project/Program: 62	

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

The Temecula Community Service Grant funding will provide Temecula residents facing cancer

with potentially life saving diagnostic breast health services, navigation, temporary

financial assistance and education on early detection and prevention.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$35,000	
Other grants or funding already awarded for Project/Program, if any	\$46,000	and and a
In-Kind match amount or volunteer credit hours estimated amount	\$	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$62,000
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$
Marketing Expense For Project/Program		\$850
Supplies Expense For Project/Program		\$1,250
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$75,000
TOTAL BUDGET FOR PROJECT/PROGRAM	\$86,000	\$139,00

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization: Michelle's Place

Name of Project/Program: Breast Health Assistance Program

Amount of Grant Fund Awarded: \$ 5,000.00

Month + Year Grant Received from City: 12/18

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	Brightlife	3/22/2019	\$ 173.00	Lymphedema Sleeve	Resident received a slee
2	Beverly Radiolog	2/26/2019	\$ 750.00	Breast MRI	Received diagnostic
3	Beverly Radiolog	12/20/2018	\$ 82.00	Screening Mammo	Breast Imaging
4	Breastlink	06/07/2019	\$92.00	surgical consultation	surgical consult
5	Stater Bros	various	\$ 1,550	Grocery gift cards	financial assistance
6	Breastlink	12/5/2018	\$ 92.00	Surgical Consultation	surgical consult
7	Breastlink	12/5/2018	\$ 542.00	imaging/consult	imaging/consult
	Note: Expenditure (or greater than) the "	ENDITURE TOTAL Total must be equal to Amount of Grant Fund e) provided by the City	\$ 3,281		

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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): 207
- 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 CSF

Organization: Michelle's Place

Name of Project/Program: Breast Health Assistance Program

Amount of Grant Fund Awarded: \$ 5,000.00

Month + Year Grant Received from City: 12/18

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	Beverly Radiolog	7/25/2018	\$ 750.00	Breast MRI	Breast MRI
2	Breastlink	7/18/2018	\$ 92.00	Surgical Consult.	Surgical Consult
3	Breastlink	9/12/18	\$ 184.00	Surgical Consult	Surgical Consult
4	GoGo Grandpare	various	\$650.00	various trips to Medical Appts.	transportation
5	Breastlink	7/18	\$92.00	surgical consult	surgical consult
6			\$		
7			\$		
	Note: Expenditure (or greater than) the "	ENDITURE TOTAL Total must be equal to Amount of Grant Fund e) provided by the City	\$ 1,768.00		

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: Michelle's Place, Cance	r Resource Center
MAILING ADDRESS: $\frac{41669 \text{ Winchester Rd.}}{\text{Temecula, CA 92590}} \text{ PHONE: } (\overset{951}{____}) \overset{699}{___}$	-5455 kim@michellesplace.org
PRESIDENT / AUTHORIZED OFFICER: Kim Gerrish	Exec. Dir.
SIGNATURE:	Title DATE: 9/16/19 (Month, Day, Year)
IF DIFFERENT THAN ABOVE, APPICATION PREPARED BY: Print Name	Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Details

		the second strategic is	
Organization Name: MICHELL Entity Type: Public Ben	E'S PLACE BREAST CANCER RESO lefit	URCE CENTER IRS FEIN: SOS/FTB Corporate/Organizati	on Number: 1
Registry Status: RCT Registration Number: Record Type: Date This Status:	Reporting Incomplete Charity Registration 8/13/2019	Renewal Due/Exp. Date: Issue Date: Effective Date: Date of Last Renewal:	5/15/2019 1/17/2008 1/17/2008 10/15/2018
	ing.	5 B 1 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2 B 2	
Street: Street Line 2: City, State Zip:	41669 WINCHESTER TEMECULA CA 9259(ť.
2)	1	LC DROCH MAKE.	
RRF-1 2010		2010 RRF-1	
IRS Form 990 2010		2010 IRS Form 990	
RRF-1 2010		2010 RRF-1	
RRF-1 2011		2011 RRF-1	
IRS Form 990 2012		2012 IRS Form 990	
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RRF-1 2012		2012 RRF-1	1 × 1 ×
RRF-1 2008		2008 RRF-1	
Return Check Notice 2010	HI	Return Check Notice 2010	
RRF-1 2009		2009 RRF-1	
RS Form 990-EZ 2009		2009 IRS Form 990-EZ	
<u>RRF-1 2013</u>		2013 RRF-1	
RS Form 990 2013		2013 IRS Form 990	
Renewal Filing	and the second sec	2017	
CT-550 Form RRF-1 Incom	plete	2018	
014 RRF-1		2014 RRF-1	
014 IRS Form 990		2014 IRS Form 990	
015 RRF-1	2	2015 RRF-1	
RS Form 990 Series		2015 IRS Form 990	
orm RRF-1	2	2016	
RS Form 990 Series	2	2016	
orrespondence from Regist	ITY N	Missing Reports Letter	

9/16/2019	Details
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2005
Accounting Period End Date:	12/31/2005
Total Assets:	\$242,104,00
Total Revenue:	\$344,755.00
Filing Received Date:	5/18/2006
Complete IRS Form 990 Received (Y/N):	
Online Submission (Y/N):	N
	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2006
Accounting Period End Date:	12/31/2006
Total Assets:	\$324,463.00
Total Revenue:	\$451,416.00
Filing Received Date:	5/14/2007
Complete IRS Form 990 Received (Y/N):	Ν
Online Submission (Y/N):	Ν
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2007
Accounting Period End Date:	12/31/2007
Total Assets:	
Total Revenue:	\$350,636,00
Filing Received Date:	\$498,397.00
	5/20/2008
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2008
Accounting Period End Date:	12/31/2008
Total Assets:	\$274,503.00
Total Revenue:	\$412,443.00
Filing Received Date:	8/11/2009
Complete IRS Form 990 Received (Y/N):	Υ
Online Submission (Y/N):	Ν
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2009
Accounting Period End Date:	12/31/2009
Total Assets:	\$191,861.00
Total Revenue:	\$381,675.00
Filing Received Date:	5/19/2010
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	
	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2010
Accounting Period End Date:	12/31/2010
Total Assets:	\$161,926.00
Total Revenue:	\$379,853.00
Filing Received Date:	9/7/2011
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2011
Accounting Period End Date:	12/31/2011
Total Assets:	\$148,489.00
Total Revenue:	\$547,719.00
Filing Received Date:	9/13/2012
Complete IRS Form 990 Received (Y/N):	9/13/2012 Y
Online Submission (Y/N):	
	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2012
Accounting Period End Date:	12/31/2012
	1

/16/2019	Details
Total Assets:	\$115,211.00
Total Revenue:	\$405,133.00
Filing Received Date:	3/27/2013
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	Ν
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2013
Accounting Period End Date:	12/31/2013
Total Assets:	\$183.143.00
Total Revenue:	\$480,887.00
Filing Received Date:	5/19/2014
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2014
Accounting Period End Date:	12/31/2014
Total Assets:	\$128,464.00
Total Revenue:	
Filing Received Date:	\$369,146.00 6/5/2015
Complete IRS Form 990 Received (Y/N);	
Online Submission (Y/N):	Y N
the second s	
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2015
Accounting Period End Date:	12/31/2015
Fotal Assets:	\$219,983.00
Fotal Revenue:	\$567,827.00
Filing Received Date:	5/16/2016
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2016
Accounting Period End Date:	12/31/2016
Fotal Assets:	\$181,364.00
fotal Revenue:	\$412,322.00
Filing Received Date:	10/12/2017
Complete IRS Form 990 Received (Y/N):	γ
Online Submission (Y/N):	Ν
itatus of Filing:	Accepted
Accounting Period Begin Date:	1/1/2017
accounting Period End Date:	12/31/2017
otal Assets:	\$252,962.00
otal Revenue:	\$624,213.00
iling Received Date:	9/26/2018
Complete IRS Form 990 Received (Y/N):	Y
Daline Submission (Y/N):	
tatus of Filing:	Rejected
ccounting Period Begin Date:	1/1/2018
counting Period End Date:	12/31/2018
otal Assets:	
otal Revenue:	\$382,714,00
	\$777,879.00
iling Received Date:	8/12/2019
Complete IRS Form 990 Received (Y/N):	Y
nline Submission (Y/N):	

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https://www.internet.com/

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<u>Home</u> > <u>Tax Exempt Organization Search</u> > Michelles Place Breast Cancer Resource Center

< Back to Search Results

Michelles Place Breast Cancer Resource Center

EIN:

Temecula, CA, United States

Publication 78 Data o

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

Page Last Reviewed or Updated: 6-Sept-2019

WIRS



🔒 Print

🧭 Share

Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Nork at IRS	Taxpayer Advocate	Office of Appeals	中文	Treasury Inspector General for Tax
Help	Service	Identity Theft Protection	한국어	Administration
	Accessibility		Русский	USA.gov



Entity Status Letter

Date:	9/16/2019
ESL ID	:

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

Entity ID:

Entity Name: MICHELLE'S PLACE BREAST 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
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

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION

19

NATIONAL CHARITY LEAGUE (NCL) MURRIETA-TEMECULA CHAPTER

CITY OF TEMECULA	1
FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019	1881
DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019	
ASSI WAL	132
PROJECT/PROGRAM INFORMATION	
Amount Requested: \$ 4700.00 (Maximum allowable \$5,000 per Organization)	
Project/Program Title: Philasthican Support Start Date: 9/15/19 End Date: 9/1/20	
If Grant is Awarded, Make Check Payable to: Ational Charity League Inc. Munda Ter	MARCI
Mailing Address: P.O. Box 1562	Thee
Tremecular CA 92593	
ORGANIZATION AND GEOGRAPHIC AREA SERVED	
Name of Applicant Organization: <u>Lathonal Christy / engue</u> Year Organization Founded: <u>2016</u> Website: <u>Number of Paid Staff:</u> <u>Number of Volunteers: <u>180</u> Contact Name: <u>Tenni Holland</u> <u>Title/Position: <u>Pvesi dent</u> Contact Person's Email Address Geographic Area(s) the Organization Serves: <u>Tennecula</u> <u>and Muvricta</u> Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be <u>exclusively</u> used to serve Temecula.) <u>Tennecula</u> Include Physical Address of Project/Program: (if different than Organization's Mailing Address) <u>Database</u> <u>Sectore</u> <u>42036</u> Marga Rd. Temecula</u> <u>9254</u></u>	592
NONPROFIT STATUS	
Is this organization incorporated as a nonprofit? Yes <u>No</u> (If No, then ineligible to receive City Funding) Date of Incorporation as a Nonprofit: <u>2016</u>	
Federal 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: <u>http://apps.irs.gov/app/eos/</u> 2. Attach State Entity Status Letter using this link: <u>https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp</u> Attach first page only of most recent IRS Form 990 <u>or</u> attach print out of detailed information 	
about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y	

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 Ves 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 ____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No Yes_ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
			\$
			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. moll neor-dauduter OUN communi



If awarded, UC will spend the grant funds on Nonprofit Name

3. If awarded, explain HOW the grant funding will specifically BENEFIT <u>TEMECULA</u> RESIDENTS.

Grant funding will specifically benefit Temecula residents by feeding and helping
the homdess by providing essentials and home
made Wanhets through Project touch We will
also be cultivating a fruit and vegetable danden
to provide fresh food and meals for the residents
Estimated number of people expected to benefit from this Project/Program: 500
Estimated number of volunteers involved in this Project/Program:SO

1.1

2. If awarded, National Charity League Inc. will spend the grant funds on...

2 foldable plastic tables for helping prepare and serve food, making bags, cutting blankets \$100

Jacob's House

14

5e

Plants, rocks, fertilizer, succulents \$600

a)

Food, bowls, disposable containers, plastic wrap, trash bags, gloves to make breakfast bowls \$900

Gardening tools, gloves, knee pads, trellis, wagon, watering cans, labels, stakes, paint, tomato cages, polyurethane \$300

Toiletry items, bags, tissue, food items, small games, labels to make welcome bags \$300

Project Touch

Toiletry items, paper towels, trash bags, gallon ziplock bags, toilet paper, dish soap, laundry soap \$300 Material to make 50 two sided blankets \$1000

Food, disposable containers, gloves, trash bags, plastic wrap for multiple dinners \$1200

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

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5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$ 4700	
Cash contributed to 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	\$ 0	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM	1	
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ _
Equipment Expense For Project/Program		\$ 300
Food Expense For Project/Program		\$ 2100
Marketing Expense For Project/Program		\$_0_
Supplies Expense For Project/Program		\$ 2300
Facilities/Rent Expense For Project/Program		\$ 0
Other Expense For Project/Program		\$ 0
TOTAL BUDGET FOR PROJECT/PROGRAM	\$ 4700	\$ 4700

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.

	CL Inc. Murrietg-T	emecula Chaptes
MAILING ADDRESS: PO.B.	0X 1562 PHONE: (CULA CLA 93593	EMAIL:
PRESIDENT / AUTHORIZED OFFI	CER: Jenni Holland	President
	Sneidelle	DATE: 9/16/19 (Month, Day, Year)
IF DIFFERENT THAN ABOVE, APPICATION PREPARED BY:		
	Print Name	Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.



Entity Status Letter

Date:	9/11/2019	
ESL ID	:	

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

Entity ID:

X

Entity Name: NATIONAL CHARITY LEAGUE, INC., MURRIETA-TEMECULA 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 23701d.
 - 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
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

		with the Secretary of State or based on founding & re , MURRIETA-TEMECULA CHAPTER IRS FEIN:	gise actor doctrinents.	
Entity Type: Public Benefit			rate/Organization Number:	
Registry Status: RCT Registration Number: Record Type: Date This Status:	Current Charity Registration 4/10/2019	Renewal Due/Exp. Date: Issue Date: Effective Date: Date of Last Renewal:	10/15/2019 1/23/2019 1/23/2019	
	Ma	aling Address	1.1	
Street:		FORNIA RD STE 200-375		
Street Line 2:				
City, State Zip:	TEMECULA CA 92591	1		
	Filings	& Correspondence	(
CT-400 First Notice To Register			n PDF	
CT-402 Final Notice to Register	Click on Document Type at the left to open PDF			
Form RRF-1		2017		
CT-550C Form RRF-1 Incomple				
Renewal Filing		2018		
CT-470A Confirmation of Regist	tration	Click on Document Type at the left to oper	n PDF	
CT-451C 1st Delinguency Notice				
Founding Documents				
		Click on Document Type at the left to open	n PDI	
and the second se	Annua	al Renewal Data		
Status of Filing:		Accepted		
Accounting Period Begin Date: Accounting Period End Date:		6/1/2016		
Fotal Assets:		5/31/2017		
otal Revenue:	\$2,225.00			
'iling Received Date:	\$11,750.00 3/1/2019			
Complete IRS Form 990 Received (Y/N):	N		
Online Submission (Y/N):				
tatus of Filing:		Accepted		
ecounting Period Begin Date:	6/1/2017			
ccounting Period End Date:	5/31/2018			
otal Assets:		\$12,993.00		
otal Revenue:		\$31,450.00		
iling Received Date:		3/1/2019		
omplete IRS Form 990 Received (Y/N) nline Submission (Y/N):	12	Ν		

Click on the RCT Registration No to navigate to the related record

No Related Records

DEPARTMENT OF THE TREASURY

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

Date: DEC 1 2 2016

NATIONAL CHARITY LEAGUE INC MURRIET A-TEMECULA CHAPTER 31915 RANCHO CALIFORNIA RD 200-375 TEMECULA, CA 92591-0000 Employer Identification Number:

DLN:

Contact Person: CUSTOMER SERVICE ID# 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: November 14, 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. 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.

NATIONAL CHARITY LEAGUE INC

1

Sincerely,

14/1/

Jeffrey I. Cooper Director, Exempt Organizations Rulings and Agreements

.

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



NATIONAL CHARITY LEAGUE (NCL) TEMECULA CHAPTER
CITY OF TEMECULA

FISCAL YEAR 2019-2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

(Maximum allowable \$5,000 per Organization)

Project/Program Title: Pave the Future Senior Leadership Project Start Date: 07/2019 End Date: 06/2020

If Grant is Awarded, Make Check Payable to: <u>National Charity League, Inc., Temecula Valley Chapter</u>

Mailing Address: PO Box 891381

Temecula, CA 92589

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: National Charity League, Inc., Temecula Valley Chapter

Year Organization Founded: Local 2013, National 1925 Website: www.temeculavalley.nationalcharityleague.org

Number of Paid Staff: Local 0 Number of Volunteers: Local 256 Contact Name: Laura Page

Title/Position: Grade Level Advisor, Class of 2020 Contact Person's Email Address:

Telephone:_

Geographic Area(s) the Organization Serves: <u>Temecula Valley</u>

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be <u>exclusively</u> used to serve Temecula.) <u>Temecula</u>

Include Physical Address of Project/Program: (if different than Organization's Mailing Address)_

Community Mission of Hope Temecula, CA 92590

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes X_No_____ (If No, then ineligible to receive City Funding)

State Identification Number:

Date of Incorporation as a Nonprofit: February 2, 2015

Federal Identification Number:____

Amount Requested: \$ 5,000

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

Attach first page only of most recent IRS Form 990 <u>or</u> attach print out of detailed information about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y 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_X_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_X_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
 X
 Memily

Members-at-Large _____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No___Yes_X If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
Community Service Funding Program	We've Got Your Back	December 2018	\$ 5,000
			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Our mission is to foster mother-daughter relationships in a philanthropic organization committed to community service, leadership

development and cultural experiences. NCL Inc., Temecula Valley Chapter is a local chapter of a very organized national organization, both with boards and strict monitoring of our structure and budget management. We have served over 40,000 volunteer hours since 2013 with 17 LOCAL non-profit organizations that directly serve the residents of Temecula.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The <u>"Pave the Future" Senior Leadership Project</u>	is going to create a safer and more
Project/Program Title	

efficient environment for the Community Mission of Hope by paving the volunteer station at their Farm Outreach Project as well as resurfacing the assembly line table at the Food Pantry Distribution Center. The Farm grows fresh produce which is donated to the CMOH's Food Pantry which ensures that the Temecula residents in need are receiving fresh fruits and vegetables. The current volunteer/weigh station at the Farm is uneven dirt and paving it will create a sturdier, cleaner and safer environment for the 501 volunteers who use the area per month (90% of the volunteers reside in Temecula). The assembly line table at Community Mission of Hope's Distribution Center is used to put together bags of food for families in need. It needs to be resurfaced as it is hard to keep clean and sanitary. By resurfacing the wood tabletop with formica (or a similar product), the volunteers will be able to clean the table after each use.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

If awarded, <u>National Charity League, Inc., Temecula Valley Chapter will spend the grant funds on leveling</u> Nonprofit Name and paving (with pavers) an area of approximately 1,500 square feet. Items will include but are not limited to pavers, base sand, washed sand, and equipment rental to flatten the area. In order to resurface the assembly line table, money will be spent on formica laminate (or something similar) and cement spray adhesive (tools needed have already been donated).

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by <u>creating a cleaner, safer and more productive</u> <u>environment for volunteers of the Community Mission of Hope</u>. Not only does the CMOH serve the <u>Temecula community but also approximately 90% of the volunteers are within our city limits</u>.

Estimated number of people expected to benefit from this Project/Program: <u>450 Volunteers who reside in</u> Temecula as well as an additional 450 families per month who use the services of Community Mission of Hope

Estimated number of volunteers involved in this Project/Program: <u>This project was developed by the NCL</u> class of 2020 Ticktockers (16 high school seniors) with the support of their chapter. They will be doing a majority of the work themselves but will also be using their leadership skills by organizing a volunteer crew of moms, dads, family members and other members of our chapter.

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

PAVE THE FUTURE will provide paving in the volunteer area of the Outreach Farm (a branch of the Community

Mission of Hope) as well as resurfacing CMOH's assembly line table both of which will make a safer and more

productive work environment.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET					
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES			
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM					
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$5,000				
Cash contributed to Project/Program by the Applicant Organization	\$ 500				
Other grants or funding already awarded for Project/Program, if any	\$				
In-Kind match amount or volunteer credit hours estimated amount	\$				
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM					
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$ 0			
Equipment Expense For Project/Program		\$ 500			
Food Expense For Project/Program		\$ 0			
Marketing Expense For Project/Program		\$ 0			
Supplies Expense For Project/Program (Paver Project)		\$5,500			
Facilities/Rent Expense For Project/Program		\$ 0			
Other Expense For Project/Program (Misc Projects)		\$1,000			
TOTAL BUDGET FOR PROJECT/PROGRAM	\$5,500**	\$7,000			

** Fundraising for any deficit in funding to include restaurant nights, holiday wreath sales and direct donations

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.**

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

** Compliance Report & Receipts were submitted by Stacy Clemens with NCL, Inc., Temecula Valley Chapter Organization: <u>National Charity League, Inc., Temecula Valley Chapter Name of Project/Program:</u> We've got Your Back

Amount of Grant Fund Awarded: \$ 5,000

_____Month + Year Grant Received from City: Dec 2018

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		<u>.</u>
2			\$		
3			\$		
4			\$		
5			\$		L
6			\$		
7			\$		(C
	Note: Expenditure (or greater than) the '	ENDITURE TOTAL Total must be equal to 'Amount of Grant Fund e) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday, September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 2019-2020 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: Friday, September 11, 2020**.

EXPENDITURE REPORT due on or before Friday, September 11, 2020

- Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization:

_____Name of Project/Program:

Amount of Grant Fund Awarded: ______Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2019 - June 30, 2020	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the	ENDITURE TOTAL Total must be equal to 'Amount of Grant Fund e) provided by the City	\$		

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- x Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- x Every Community Service Funding application is considered individually and on its own merit.
- x Awards will be given to organizations and activities that directly benefit the residents of Temecula.
- x Funding is not immediately available to the recipient, and requires an award letter signature upon approval. Please allow time for checks to be processed.
- x The awarding of Community Service Funding does not constitute an automatic annual allocation.
- x The recognition for Community Service Funding should accrue to the City of Temecula.
- x 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.
- x 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.
- x 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.
- x 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.

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n, Day, Year
s of 2020

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Home > Tax Exempt Organization Search > National Charity League Inc Temecula Valley Chapter

< Back to Search Results

National Charity League Inc Temecula Valley Chapter

EIN: Temecula, CA, United States

> Other Names

Publication 78 Data o

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) o

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 2016 Form 990-N (e-Postcard)
- > Tax Year 2015 Form 990-N (e-Postcard)
- > Tax Year 2014 Form 990-N (e-Postcard)
- > Tax Year 2013 Form 990-N (e-Postcard)

Page Last Reviewed or Updated: 6-Sept-2019



WIRS



Our Agency	Know Your Rights	Resolve an Issue	Other Languages	Related Sites
About IRS	Taxpayer Bill of Rights	Respond to a Notice	Español	U.S. Treasury
Work at IRS	Taxpayer Advocate	Office of Appeals	中文	Treasury Inspector General for Tax
Help	Service	Identity Theft Protection	한국어	Administration
Contact Your Local Office	Accessibility	Report Phishing	Русский	USA.gov
Tax Stats, Facts &	Civil Rights	Tax Fraud & Abuse	Tiếng Việt	
Figures	Freedom of Information Act			
	No Fear Act			
	Privacy Policy			



Entity Status Letter

Date:	9/13/2019
ESL ID:	

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

Entity ID:

X

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 23701d.

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
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

Details

HOME A	BOUT MEDI	A CAREERS	REGULATIONS	RESOURCES	PROGRAMS	CONTACT
		Redia	ki ant D	etalls		
Entity typ	a: Corporate Class		the Secretary of Stat		ting & registration	documents
Organization Name: NAT Entity Type: Publi	ONAL CHARITY c Benefit	LEAGUE, INC., TE	MECULA VALLEY C		: Corporate/Organi	zation Number:
Registry Status:		rrent	RenewalD	ue/Exp. Dat		10/15/2019
RCT Registration Number		ITOILE	Issue Date:	uc/Exp. Dat		12/19/2014
Record Type:		ity Registration	Effective Date:			12/19/2014
Date This Status:		9/2014	Date of Last Rend	wal		2/22/2019
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Street: Street Line 2:		PO BOX 8	91381			
City, State Zip:		TEMECUI	LA CA 92589-1381			
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<u>RRF-1 2014</u>			2014 RRF-			
IRS Form 990-N 2014		(14) - 1 -	2014 IRS F			dud
		Annual	Renew	al Data	1	
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Accounting Period Begin D			6/1/2			
Accounting Period End Dat	e:		5/31/			
fotal Assets:			\$130.			
Total Revenue:			\$23,5			
Filing Received Date:			1/12/2	2015		
Complete IRS Form 990 Re Inline Submission (Y/N):	ceivea (Y/N):		N			
			N			
tatus of Filing:	. to.		Accep			
Accounting Period Begin D			6/1/20			
Accounting Period End Dat Total Assets:	c.		5/31/2			
otal Assets: otal Revenue:			\$250. \$32.5			
iling Received Date:			\$32,5			
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ccounting Period End Date	2:		5/31/2	016		
otal Assets:			\$250.0	00		
otal Revenue:			\$38,0	53.00		
iling Received Date:			10/19/			

43/2019 -	Details			
Complete IRS Form 990 Received (Y/N):	Ν			
Online Submission (Y/N):	Ν			
Status of Filing:	Accepted			
Accounting Period Begin Date:	6/1/2016			
Accounting Period End Date:	5/31/2017			
Total Assets:	\$250.00			
Total Revenue:	\$44,007.00			
Filing Received Date:	10/16/2017			
Complete IRS Form 990 Received (Y/N):	Ν			
Online Submission (Y/N):	N			
Status of Filing:	Accepted			
Accounting Period Begin Date:	6/1/2017			
Accounting Period End Date:	5/31/2018			
Total Assets:	\$60,598.00			
Total Revenue:	\$66,555.00			
Filing Received Date:	12/14/2018			
Complete IRS Form 990 Received (Y/N):	Y			
Online Submission (Y/N):				
	rations & Event Reports			
	wn 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

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



ONF FOR AUTISM INC

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type)

DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

 Amount Requested: \$5,000
 (Maximum allowable \$5,000 per Organization)

 Project/Program Title: Bowl w/Nick, Kick w/Nick
 Start Date: July 2019
 End Date: Oct 2019

 If Grant is Awarded, Make Check Payable to:
 Our Nicholas Foundation
 Mailing Address: 31493 Rancho Pueblo Rd #205

Temecula, CA 92592

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Our	Nicholas Foundatic _{Year}	Organization Founded: 2005
Website: ournick.org	Number of Paid Staff:0	Number of Volunteers: 200
Contact Name: Mark Anselmo	Title/Pc	sition: Founder
Contact Person's Email Address: info@	ournick.org Telepho	_{ne:} 951.303.8732
Geographic Area(s) the Organization S	erves: Temecula Valley	
Geographic Area(s) the Project/Programes exclusively used to serve Temecula.)	m Serves: (NOTE: Community	y Service Funding Grant must be
Include Physical Address of Project/Pro Temecula Lanes and Paloma I	ogram: (if different than Organ Del Sol Park	ization's Mailing Address)

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes X No_____ (If No, then ineligible to receive City Funding) Date of Incorporation as a Nonprofit: 2005

Federal Identification Number:

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: <u>http://apps.irs.gov/app/eos/</u>
- 2. Attach State Entity Status Letter using this link: 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 information about your charity found on this State Registry's Search Tool: http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y

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 X Yes____ If Yes, briefly describe:

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? NoX___Yes____ If Yes, provide Council Member's Name and title within the organization:_____

This Application has been authorized by the organization's:

Executive Committee X Board of Directors

Members-at-Large _____

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No___ Yes X_ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
CSF	Autism Afterschool Program	1/2019	\$5,000
			\$
			\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. Our Nicholas

Foundation strives to increase autism awareness and provide support for education, work

opportunities, therapies, families, and social programs that enrich the lives of children & adults

with ASD. Our hope is that we will provide those on the spectrum and their families the tools the

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

 Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.
- Bowl w/Nick Kick w/Nick
The Project/Program Title is
The only bowling league for those one the Autism spectrum in Temecula and
the largest Autism based Soccer League in California.
2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.
If awarded, Our Nicholas Foundation
The money is used to pay for bowling shoes, bowling lanes for 7 weeks, soccer jerseys, trophies
and end of the season pizza party.
3. If awarded, explain HOW the grant funding will specifically BENEFIT <u>TEMECULA</u> RESIDENTS.
Grant funding will specifically benefit Temecula residents byallowing autistic children and their familie
to enjoy being part of team. Parents get to be a soccer mom/dad and watch their kids
bowl with others in the unique autism spetrum community.
Estimated number of people expected to benefit from this Project/Program: 200
Estimated number of volunteers involved in this Project/Program: 150

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

The money is used to pay for bowling shoes, bowling lanes for 7 weeks, soccer jerseys, trophies

and end of the season pizza party.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	^{\$} 5,000	
Cash contributed to Project/Program by the Applicant Organization	\$	Par Kr
Other grants or funding already awarded for Project/Program, if any	\$	
In-Kind match amount or volunteer credit hours estimated amount	\$	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$0
Equipment Expense For Project/Program		\$ 2000
Food Expense For Project/Program		\$ 2000 \$1000
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program		\$ 2000
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
TOTAL BUDGET FOR PROJECT/PROGRAM	\$ 5000	\$ 5000

FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

EXPENDITURE REPORT due on or before Monday, September 16, 2019

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing the number of beneficiaries living in 92590, 92591 and 92592 that directly benefitted from this
- 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 CSF

Organization: Our Nichdas Foundation Name of Project/Program: Bowil With Nick

Amount of Grant Fund Awarded: $\$ \le 000$ Month + Year Grant Received from City:

W/th Nick

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	Temecula lanes	7/1/2018	\$ 600	Bowling lanes + Shoes	Allowed autistic Kids to be apart of
2	Temuculos lanes	7/8/2018	\$ 510	Bowling Lanes + Shoes	a bowling league
3	Termecula Lanes	7/15/2018	\$ 600	Bowling Lanes + Shoes	
4	Temeula lanes	7/22/2018	\$490	Bowling Lanos + Shoes	
5	Temecula lanes	8/12/2018	\$1,020	Bowling lanes + Shoes	
6	Tennecula Lanos	8/19/2018	\$ 894.41	Bowling Lanes + Shoes	
7	Score	8/10/2018	\$2016,61	Uniform Shirts for Players	Allowed autistic
8			\$	1 myers	Kids to be part of a soccer team
9			\$		
10			\$		
11			\$		
12			\$		
13			\$		
14			\$		
15			\$		
gr	EXPENDI Expenditure Total mus eater than) the "Amou Awarded" (above) prov	nt of Grant Fund	\$ 6,131.	02	

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: Our Micetoras F	
MAILING ADDRESS: PHONE: (15) 3038732 EMAIL: INFO DOMLY CE. DE 6
Teneeric A53598	
PRESIDENT / AUTHORIZED OFFICER:	Anso hun
	DATE: (Month, Day, Year)
IF DIFFERENT THAN ABOVE, APPICATION PREPARED BY:	
Print Name	Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Stacey Brown

From: Sent: To: Subject: Stacey Brown Monday, October 7, 2019 1:56 PM Christi Reilly CSF1920 Application - Previous Grants

Thanks Christi, Below is a quick cut and paste of what I have to include in that section.

CSFCC1819 Circus Vargas: \$2,000 CSFCC1819 _____\$1,000

CSF1819: After School Programs: \$5,000 CSF1718: Autism After School Programs: \$5,000

Stacey Brown

Office Aide III City of Temecula 951-506-5100 <u>stacey.brown@TemeculaCA.gov</u> <u>TemeculaCA.gov</u> *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.*

From: Christi Reilly <christi@ournick.org>
Sent: Monday, October 7, 2019 1:42 PM
To: Stacey Brown <stacey.brown@temeculaca.gov>
Subject:

Hi Stacey,

1. I've attached page 2 of the application with the program name "Autism Afterschool Program".

2. As for the name discrepancy, we have been using Our Nicholas Foundation as a DBA for many years.

3. Mark said that we did not receive any other grants from the city last year.

Hope this clears up any issues.

--Christi Reilly Our Nicholas Foundation <u>31493 Rancho Pueblo Rd. Suite 205</u> <u>Temecula, CA 92592</u> www.OurNicholasFoundation.org

<u>Home > Tax Exempt Organization Search > Onf For Autism Inc</u>

< Back to Search Results

Onf For Autism Inc

EIN:

Temecula, CA, United States

> Other Names

Publication 78 Data o

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) o

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 2012 Form 990-N (e-Postcard)
- > Tax Year 2011 Form 990-N (e-Postcard)



Entity Status Letter

Date:	10/7/2019
ESL ID:	

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

Entity ID:

X

Entity Name: ONF FOR AUTISM, 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
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

FY 2019/2020 COMMUNITY SERVICE FUNDING GRANT APPLICATION



RADY'S CHILDREN HOSPITAL

CITY OF TEMECULA

FISCAL YEAR 2019 - 2020 COMMUNITY SERVICE FUNDING PROGRAM APPLICATION (Please Print or Type) DUE ON OR BEFORE: MONDAY, SEPTEMBER 16, 2019

PROJECT/PROGRAM INFORMATION

Amount Requested: \$5,000

Project/Program Title: Alexa's PLAYC

(Maximum allowable \$5,000 per Organization)

____ Start Date: 10/01/19 ____ End Date: 06/30/20

If Grant is Awarded, Make Check Payable to: Rady Children's Hospital San Diego

Mailing Address: 3020 Children's Way MC 5150

San Diego, CA 92123

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Rady Children's Hosp Year Organization Founded: 1954

Website: www.rchsd.org Number of Paid Staff: 5,150 Number of Volunteers: 500

Contact Name: Shelley Turner Title/Position: Manager

Contact Person's Email Address: snturner@rchsd.org Telephone: 858-576-1700 x268249

Geographic Area(s) the Organization Serves: SW Riverside Co; Imperial Co; San Diego Co

Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be <u>exclusively</u> used to serve Temecula.) <u>Southwest Riverside County</u>

Include Physical Address of Project/Program: (if different than Organization's Mailing Address)_ 25170 Hancock Ave, Murrieta, CA 92562

NONPROFIT STATUS

Is this organization incorporated as a nonprofit? Yes X No_____ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: July, 1997

Federal Identification Number:

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: <u>http://apps.irs.gov/app/eos/</u>
- 2. Attach State Entity Status Letter using this link:

https://www.ftb.ca.gov/online/self serve entity status letter/index.asp

Attach first page only of most recent IRS Form 990 <u>or</u> attach print out of detailed information about your charity found on this State Registry's Search Tool: <u>http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y</u>

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 X 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 X Yes If Yes, provide Council Member's Name and title within the organization:

This Application has been authorized by the organization's: Executive Committee X Board of Directors

Members-at-Large

FINANCIAL STATEMENTS

Upon request, copies of the current budget of the organization / financial statements (balance statement and income statement), and if available CPA's audit, *may* be needed to demonstrate sound financial management. Do not submit now.

CITY OF TEMECULA FUNDING – OTHER SOURCES

Within the past two years, has your organization received (or concurrently requesting) any other sources of funding from the City of Temecula? No $X_{\rm v}$ Yes_____ If Yes, provide information in table below:

Name of City Grant/Sponsorship CDBG Grant? CSF Grant? Sponsorship?	Name of Program/Project Funded by the City Grant/Sponsorship	Month + Year Funding Received	Amount
			\$
			\$
		-	\$
			\$
			\$

MISSION STATEMENT OF ORGANIZATION

Briefly describe the goals and objectives, or mission, of your organization. <u>Rady Children's</u> is a nonprofit pediatric-care provider dedicated to excellence in care, research and teaching.

Our mission is to restore, sustain and enhance the health and developmental potential of

children through excellence in care, education, research and advocacy.

GRANT FUNDING PROJECT/PROGRAM DESCRIPTION

NOTE: Receipts/invoices will be required to be submitted to the City to demonstrate that your organization used grant funding awarded by the City to support the project/program as described here. See Compliance Report on Application for details.

1. Briefly describe WHAT THE PROJECT / PROGRAM IS the City of Temecula grant funding will be used to support.

The Alexa's PLAYC

is a preschool for children ages 18

Project/Program Title months to 5 years old. Our unique inclusion program is designed to integrate early education for typically developing children and children with autism spectrum disorder, providing children with enriched learning experiences in the context of a safe, nurturing, and stimulating environment. Low child-to-teacher ratios and highly educated staff ensure guality individual attention.

2. Describe HOW YOUR ORGANIZATION WILL SPEND the grant funding (if awarded). Include equipment or services that would be purchased and why.

lf awarded.	Rady Children's Hosp	will spend the grant funds on
,	Nonprofit Name	
Early educ	ation is key to a child's kindergarten re	adiness, and provides a foundation for lifelong
learning ar	nd social-emotional well-being; but the	financial cost can discourage parents from
enrolling th	neir children in preschool. If awarded, g	grant funds will be used to offer preschool
tuition sub	sidies of \$1,000 per child to five childre	n who reside in Temecula.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by Early education matters! 90% of brain

development occurs before kindergarten, and studies prove that early education improves

children's readiness to learn and encourages positive social-emotional qualities such as

cooperation, respect, and resilience. These benefits are amplified at Alexa's PLAYC, where

intervention strategies emphasize social interaction and communication.

Estimated number of people expected to benefit from this Project/Program.	
Estimated number of volunteers involved in this Project/Program:	_

4. SUMMARY STATEMENT: In 30 words or less, describe the project/program and how the grant funds will be used (if awarded).

IMPORTANT: This summary statement is intended to be used in a spreadsheet that summarizes all Community Service Funding Grant Applications, including yours, submitted to the City Council.

Grant funds will be used to subsidize the cost of preschool tuition for five children enrolled in

the Alexa's PLAYC autism inclusion preschool in Southwest Riverside County.

5. Provide Project/Program budget details below.

PROJECT/PROGRAM BUDGET		
LINE ITEMS FOR PROJECT/PROGRAM	REVENUES	EXPENSES
VARIOUS TYPES OF REVENUES/INCOME FOR THE PROJECT/PROGRAM		
Amount of money requested from the City of Temecula Community Services Grant (Not to exceed \$5,000)	\$5,000	
Cash contributed to Project/Program by the Applicant Organization	\$193,384	
Other grants or funding already awarded for Project/Program, if any	\$233,556	,
In-Kind match amount or volunteer credit hours estimated amount	\$	
VARIOUS TYPES OF EXPENSES FOR THE SPECIFIC PROJECT/PROGRAM		
Staffing Expense for Project/Program (This amount is ineligible to be funded by City's Grant; however please include.)		\$411,708
Equipment Expense For Project/Program		\$
Food Expense For Project/Program		\$3,324
Marketing Expense For Project/Program		\$
Supplies Expense For Project/Program	17-5-1	\$
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$16,908
TOTAL BUDGET FOR PROJECT/PROGRAM	\$431,940	\$431,940

PREVIOUS FISCAL YEAR (FY) 2018-2019 COMPLIANCE REPORT

If your organization was awarded a Community Service Funding Grant in FY 2018-2019 (last year) by the City of Temecula, please submit this information or the application may be rejected as incomplete.

If your organization was NOT awarded a Community Service Funding Grant in FY 2018-2019 (last year), then skip this page.

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2018-2019 by the City of Temecula, all grant funds received must be expended anytime on or between July 1, 2018, and June 30, 2019. 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 2018-2019 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 16, 2019.

	EXE	PENDITURE REPOR	T due on or b	pefore Monday, September 16, 2	2019
3. 4. Org	providing the numb program: (approxin Fill out this table (in Attach Receipts/Inv	ber of beneficiaries liv nate number of benef nclude additional copi voices (in the same of mecula, 41000 Main Children's	ing in 92590, īciaries if you es if needed t rder as listed i St., Temecula	ant specifically benefitted Temeco 92591 and 92592 that directly be don't have a precise number): to explain all expenditures) in this table) a, CA 92590, Attn: City Manager's Name of Project/Program: Ale Month + Year Grant Received fi	Office - CSF xa's PLAYC
Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2018 - June 30, 2019	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	NA		\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		
	Note: Expenditure (or greater than) the "	ENDITURE TOTAL Total must be equal to Amount of Grant Fund e) provided by the City	\$		

FISCAL YEAR (FY) 2019-2020 COMPLIANCE REPORT

If your organization is awarded a Community Service Funding Grant in FY 2019-2020 by the City of Temecula, then this information is not due until Friday. September 11, 2020

If your organization is awarded a Community Service Funding Grant in Fiscal Year 2019-2020 by the City of Temecula. all grant funds received must be expended anytime on or between July 1, 2019, and June 30, 2020. 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 backup 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 2019-2020 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: Friday, September 11, 2020.

EXPENDITURE REPORT due on or before Friday, September 11, 2020

- 1. Demonstrate that the Community Service Funding Grant specifically benefitted Temecula residents by providing 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 CSF

Organization: Rady Children's

_____ Name of Project/Program: Alexa's PLAYC

Amount of Grant Fund Awarded: _\$_____ Month + Year Grant Received from City:

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice Must be dated on or between July 1, 2019 - June 30, 2020	Amount of Expenditure	Describe (1) what the expenditure was (2) purpose of the expenditure MUST support Project/Program description on Application + Award Letter	Explain how the expenditure specifically benefitted <u>Temecula</u> residents If names/addresses of Temecula beneficiaries are available, please attach
1	1		\$		
2			\$		
3			\$		I
4			\$		
5			\$		
6			\$		
7			\$		

(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 NA	ME: Rady C	hildren's	B Hospital San Die	go
MAILING ADDRESS:	3020 Children's	Way MC5034	PHONE: (858) 966-1700	nholmes@rchsd.org
	San Diego	CA 92123		
PRESIDENT / AUTHO	RIZED OFFICER:	Dr. Nicholas	Holmes, Sr. Vice President	& Chief Operations Officer
	-	Print Name		Title
	chobs m. H	blue		DATE: September 17,2019
				(Month, Day, Year)
IF DIFFERENT THAN A APPICATION PREPAR	ABOVE, Shelley	r Turner, N	lanager Development	al Services Murrieta
	17 - 17 - 3 - 4 g	Print Name		Title

SUBMIT ORIGINAL APPLICATION BY MONDAY, SEPTEMBER 16, 2019, TO:

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

If you have any questions please contact Betsy Lowrey at (951) 693-3959 or Stacey Brown at (951) 694-6413.

Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201

Date:

Department of the Treasury

DEC 0 6 2007

RADY CHILDRENS HOSPITAL – SAN DIEGO % DEANNA ALBA 3020 CHILDRENS WAY MSC 5098 SAN DIEGO CA 92123-4223 Person to Contact: Vaida Singleton ID# Toll Free Telephone Number: 877-829-5500 Employer Identification Number:

Dear Sir or Madam:

This is in response to the amendments to your organization's Articles of Incorporation filed with the state on August 18, 2006. We have updated our records to reflect the name change from CHILDRENS HOSPITAL-SAN DIEGO to RADY CHILDRENS HOSPITAL – SAN DIEGO, as indicated above.

Our records indicate that a determination letter was issued in July 1997 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(iii).

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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cind/ Westcott Manager, Exempt Organizations Determinations



Entity Status Letter

Date:	9/17/2019
ESL ID:	:

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

Entity ID:

X

Entity Name: RADY CHILDREN'S HOSPITAL-SAN DIEGO

- 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
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

HOME	ABOUT	MÉDIA	CAREERS	REGULATIONS	RESOURCE	S PROGRA	MS CONTACT
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				the Secretary of Sta		ounding & regist	ration documents.
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City, State Zip	:			N DIEGO CA 92123			
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