

FY 2019/2020

COMMUNITY SERVICE FUNDING
GRANT APPLICATION #

12

**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

Website: www.theempowermentcenterintl.com Number of Paid Staff: 3 Number of Volunteers: 20

Contact Name: Teresse Lewis Title/Position: Program Director

Contact Person's Email Address: tlewis@theempowermentcenterintl.com 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

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

Date of Incorporation as a Nonprofit: January 2006

Federal Identification Number [REDACTED] State Identification Number: _____

Print out and attach to this application Verification from Federal (IRS) and State (FTB) as follows:

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

RECEIVED

SEP 13 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 ☒ Yes ☐ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? No ☒ Yes ☐ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:
Executive Committee _____ Board of Directors ☒ Members-at-Large _____

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. Our Mission is to help youth and families

develop the resilience necessary to overcome challenges, discover the best of themselves and create healthier, happier 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) is a program that provides a comprehensive approach towards building the long term resiliency of youth, with an emphasis on at-risk youth; developing life skills, self-esteem, 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 through 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 individualized strengths and help youth navigate complex life circumstances; 3) Freely Operating Under New Direction (FOUND): monthly talent showcases that build self-esteem & character. Courses 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 direct program costs. Nonprofit Name
Funding from the City of Temecula will support expenses for including food & beverage for participants, office supplies, computer hardware/software, training supplies for classroom activities, curriculum (Jr. Achievement/\$500 per kit); program incentives including gift 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% 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; removed from the home; lacking family structure; displaying behavioral disturbances. Such youth exhibit poor educational attainment; increased rates of substance abuse and criminal activity 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, personal strengths, creativity, & talent for 75 'at risk' youth in Temecula Valley.

Estimated number of people expected to benefit from this Project/Program: 75

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

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)	\$ 5,000.00	
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

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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund Awarded" (above) 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: 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 <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City \$

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

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

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

ORGANIZATION NAME: The Empowerment Center (TEC)

MAILING ADDRESS: 27262 Via Industria
Temecula, CA 92590

PHONE: ()

EMAIL: tbaker@theempowermentcenterinll.com

PRESIDENT / AUTHORIZED OFFICER:

Tiffany Baker
Print Name

President
Title

SIGNATURE:

Tiffany Baker

DATE:

9/11/2019

(Month, Day, Year)

**IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY:**

Teresse Lewis
Print Name

Program Director
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.



Department of the Treasury
Internal Revenue Service

OCDEN UT 84201 0029

In reply refer to: [REDACTED]
May 28, 2014 LTR 4168C 0
[REDACTED] 000000 00
[REDACTED]

BODC: TE

THE EMPOWERMENT CENTER
% TIFFANY BAKER
27262 VIA INDUSTRIAL
TEMECULA CA 92590-3751

16676

Employer Identification Number: [REDACTED]
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 03, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(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 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.

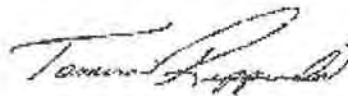
Please refer to our website www.irs.gov/efo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

May 28, 2014 LTR 4168C 0
000000 00

THE EMPOWERMENT CENTER
% TIFFANY BAKER
27262 VIA INDUSTRIA
TENEQUILA CA 92590-5751

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

Short Form**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning January 01, 2018, and ending December 31, 2018

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

C Name of organization
THE EMPOWERMENT CENTER

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
27262 VIA INDUSTRIA

City or town, state or province, country, and ZIP or foreign postal code
Temecula, CA 92590

D Employer identification number
[REDACTED]

E Telephone number
951-514-2939

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ www.theempowermentcenterintl.com

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 148,603

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	105,402	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	41,957	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	39	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events:				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	6d	1,205
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	1,205		
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a		7c	
b	Less: cost of goods sold	7b		8	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		9	148,603
8	Other revenue (describe in Schedule O)	8		10	780
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		11	
10	Grants and similar amounts paid (list in Schedule O)	10		12	
11	Benefits paid to or for members	11		13	3,334
12	Salaries, other compensation, and employee benefits	12		14	55,337
13	Professional fees and other payments to independent contractors	13		15	262
14	Occupancy, rent, utilities, and maintenance	14		16	76,647
15	Printing, publications, postage, and shipping	15		17	136,360
16	Other expenses (describe in Schedule O)	16		18	12,243
17	Total expenses. Add lines 10 through 16	17		19	36,686
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		20	(262)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		21	48,667
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21			

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 program 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

Name of Applicant Organization: Fallbrook Healthcare Foundation
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: [REDACTED]

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 ☒ No ☐ (If No, then ineligible to receive City Funding)

Date of Incorporation as a Nonprofit: 09-19-1979

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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 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>

RECEIVED

SEP 12 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 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 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-income qualified), cover transportation costs incurred to conduct these home
safety visits (with 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.

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	\$ 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

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): **103 Residents**
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: Fallbrook Healthcare Foundation dba Foundation for Senior Care

Name of Project/Program: Care Advocate Program

Amount of Grant Fund Awarded: \$ \$2,500

Month + Year Grant Received from City: 1/25/2019

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <u>Temecula</u> residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
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			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$ 2,834.94

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: Fallbrook Healthcare Foundation dba Foundation for Senior Care

MAILING ADDRESS: PO Box 2155
Fallbrook, CA 92088

PHONE: [REDACTED]

EMAIL: kbirkfeld
@foundationforseiniocare
.org

PRESIDENT / AUTHORIZED OFFICER:

Keith Birkfeld
Print Name

Executive Director
Title

SIGNATURE: [Signature]

DATE: 9/12/19
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION 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.



[Home](#) > [Tax Exempt Organization Search](#) > **Fallbrook Healthcare Foundation Inc.**

[< Back to Search Results](#)

Fallbrook Healthcare Foundation Inc.

EIN: [REDACTED] Fallbrook, CA, United States

> **Other Names**

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

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

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

> **Tax Year 2017 Form 990**

Organization Name:

Fallbrook Healthcare Foundation Inc

EIN:

Tax Period:

201806

Return ID:

[REDACTED]



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

Entity Status Letter

Date: 9/12/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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 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

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
Fallbrook Healthcare Foundation Inc
PO Box 2155
Fallbrook, CA 92088

D Employer identification number

E Telephone number

(760) 723-7713

G Gross receipts \$ 983,413.

H(a) Is this a group return for subordinates? Yes ☒ No ☐H(b) Are all subordinates included? If "No," attach a list. (see instructions) Yes ☐ No ☐

H(c) Group exemption number

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

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile: CA

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities: Its purpose is to provide programs and resources enabling seniors to enhance their well-being and give them a more meaningful life. The geographic areas served include Fallbrook, Bonsall, Rainbow, Deluz, southwest Temecula and areas of North County San Diego, CA.
- 2 Check this box ☐ if the organization discontinued its operations or disposed of its assets.
- 3 Number of voting members of the governing body (Part VI, line 1a) 3 13
- 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12
- 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 18
- 6 Total number of volunteers (estimate if necessary) 6 20
- 7a Total unrelated business revenue from Part VIII, column (C), line 12. Registry or Charitable Trusts 7a 0.
- 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	361,163.	325,196.
9	Program service revenue (Part VIII, line 2g)	68,575.	85,183.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,744.	9,996.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,534.	25,222.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	430,948.	445,597.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	354,557.	369,452.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 2,825.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,036.	176,722.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	554,593.	546,174.
19	Revenue less expenses. Subtract line 18 from line 12	-123,645.	-100,577.
20	Total assets (Part X, line 16)	Beginning of Current Year 1,051,632.	End of Year 943,102.
21	Total liabilities (Part X, line 26)	40,696.	32,743.
22	Net assets or fund balances. Subtract line 21 from line 20	1,010,936.	910,359.

Part II Signature Block

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

Sign Here

Signature of officer

Date

Bob Franz

President

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN self-employed ☐

James K Vander Spek, CPA

James K Vander Spek, CPA

Firm's name VanderSpek Howerzyl, CPAs

Firm's address 350 West Fifth Ave., Suite 300
Escondido, CA 92025-4865Firm's EIN
Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

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

TEEA0113L 10/12/15

Form 990 (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: 26 Number of Volunteers: 5,000
Contact Name: Lori Butler Title/Position: Director of Philanthropy
Contact Person's Email Address: lbutler@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
Include Physical Address of Project/Program: (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: 1985
Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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 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 ☒ Yes _____ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization?
 No ☒ Yes _____ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:
 Executive Committee _____ Board of Directors ☒ Members-at-Large _____

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. Feeding America
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

costs for delivering an estimated 819,000 pounds of nutritious food to 18,160 low-income to Temecula residents. FARSB trucks pick up donations 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 vegetables, protein, and other wholesome shelf-stable product.

Estimated number of people expected to benefit from this Project/Program: 18,160

Estimated number of volunteers involved in this Project/Program: 5,000

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		
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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund Awarded" (above) 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 <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

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

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

ORGANIZATION NAME: Feeding America Riverside | San Bernardino

MAILING ADDRESS: 2850 Jefferson Ave., Suite A **PHONE:** () 951 359-4757 ext. 109 **EMAIL:** lbutter@feedingamericaie.org
Riverside, CA 92504-8320

PRESIDENT / AUTHORIZED OFFICER: Stephanie Otero, President and CEO

SIGNATURE: Stephanie Otero Print Name Digitally signed by Stephanie Otero Title 9/15/19
Date: 2019.09.12 2200:20 -04'00' **DATE:** (Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Lori Butler, Director of Philanthropy

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.



Department of the Treasury
Internal Revenue Service

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

In reply refer to: [REDACTED]
Mar. 05, 2015 LTR 4168C 0

[REDACTED] 000000 00
[REDACTED]

BODC: TE

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

Employer Identification Number: [REDACTED]
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.

Mar. 05, 2015 LTR 4168C 0

000000 00

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,



Tamera Ripperda
Director, Exempt Organizations



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

Entity Status Letter

Date: 9/9/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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: [REDACTED], --, United States

> **Other Names**

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

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

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

> **Tax Year 2017 Form 990**

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 Service	Office of Appeals	中文	Treasury Inspector General for Tax Administration
Help	Accessibility	Identity Theft Protection	한국어	USA.gov
Contact Your Local Office	Civil Rights	Report Phishing	Русский	
Tax Stats, Facts & Figures	Freedom of Information Act	Tax Fraud & Abuse	Tiếng Việt	
	No Fear Act			
	Privacy Policy			

Return of Organization Exempt From Income Tax

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

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C

FEEDING AMERICA
 RIVERSIDE & SAN BERNARDINO COUNTIES
 2950 JEFFERSON STREET B
 RIVERSIDE, CA 92504

D Employer identification number

E Telephone number

(951) 359-4757

G Gross receipts \$ 46,878,121.

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐
If 'No', attach a list. (see instructions)I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: FEEDINGAMERICA.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other L Year of formation: 1980 M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO ALLEVIATE HUNGER IN THE INLAND EMPIRE OF SOUTHERN CALIFORNIA.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	48
	6	Total number of volunteers (estimate if necessary)	6	500
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	47,804,974.	45,756,312.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,189,786.	1,012,870.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,083.	79,486.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,066.	19,939.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,031,909.	46,868,607.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,497,932.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25)	326,269.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,401,060.	46,367,591.
19		Revenue less expenses. Subtract line 18 from line 12	47,898,992.	47,873,185.
Not Assets or Fund Balances	20	Total assets (Part X, line 16)	1,132,917.	-1,004,578.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	3,959,769.	3,035,280.
			323,780.	402,861.
		3,635,989.	2,632,419.	

Part II Signature Block

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

Sign Here

Signature of officer

Date

STEPHANIE OTERO

CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

MICHELE SUCHAN

MICHELE SUCHAN

1/19/19

self-employed

Firm's name SUCHAN & ASSOCIATES

Firm's address 3286 E GUASTI RD, STE 130

ONTARIO, CA 91761

Firm's EIN

Phone no. 909-781-6443

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

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

TEEA0113L 08/08/17

Form 990 (2017)

**FY 2019/2020
COMMUNITY SERVICE FUNDING
GRANT APPLICATION #**

15

**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 IV Year Organization Founded: 1991
Website: www.habitativ.org Number of Paid Staff: 31 Number of Volunteers: 2,084
Contact Name: Mary Stein Title/Position: Associate Director
Contact Person's Email Address: mary@habitativ.org Telephone: 951-296-3362
Geographic Area(s) the Organization Serves: Southwest Riverside County
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) Habitat's office: 41615 Winchester Road, Suite 214, 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: February 21, 1991
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/>
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 ☒ Yes ☐ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? No ☒ Yes ☐ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:

Executive Committee ☐ Board of Directors ☒ Members-at-Large ☐

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
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 preserving home affordability. We serve
any low-income resident in need, the majority of those seeking services are seniors. Typical
repairs include weed abatement, exterior painting, fencework, 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. Projects can include landscaping, weed abatement, exterior painting
fencework, accessibility and other repairs. Funds will provide the basic materials and supplies
needed for repairs such as: nails, 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

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): 26
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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	see attached		\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) 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 <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

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

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

ORGANIZATION NAME: Habitat for Humanity Inland Valley

MAILING ADDRESS: 27475 Ynez Road #390 **PHONE:** (951) 296-3362 **EMAIL:** mary@habitativ.org
Temecula, CA 92591

PRESIDENT / AUTHORIZED OFFICER: Tammy Marine, Executive Director

Print Name

Title

SIGNATURE: _____

DATE: 9-16-19

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY:

Mary Stein, Associate Director

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.



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# [REDACTED]

Dear Affiliate Leader:

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

The group exemption number assigned to HFHI by the IRS is [REDACTED]. 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

OGDEN UT 84201-0029

In reply refer to: [REDACTED]
Mar. 09, 2015 LTR 4167C 0
[REDACTED] 000000 00 [REDACTED]

BODC: TE

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: [REDACTED]
Group Exemption Number: [REDACTED]
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 does not 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 will not 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.)



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

Entity Status Letter

Date: 9/15/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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 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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

A For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

HABITAT FOR HUMANITY
 INLAND VALLEY, INC.
 41615 WINCHESTER RD #214
 TEMECULA, CA 92590

D Employer identification number

E Telephone number

G Gross receipts \$ 4,516,847.

F Name and address of principal officer: TAMARA MARINE

Same As C Above

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐
If 'No,' attach a list. (see instructions)I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HABITATIV.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992 M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF HABITAT FOR HUMANITY INLAND VALLEY, IN PARTNERSHIP WITH GOD, IS TO FACILITATE THE DREAM OF HOMEOWNERSHIP, AS WELL AS IMPROVE THE LIVING CONDITIONS FOR THOSE IN THE COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	33
	6	Total number of volunteers (estimate if necessary)	6	1,251
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,413,321.	1,345,864.
	9	Program service revenue (Part VIII, line 2g)	22,190.	22,490.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214.	307.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e)	-6,917.	1,125,016.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,428,808.	2,493,677.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	997,934.	998,595.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 138,659.		
Not Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	718,854.	1,141,622.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,716,788.	2,140,217.
	19	Revenue less expenses. Subtract line 18 from line 12	-287,980.	353,460.
	20	Total assets (Part X, line 16)	2,193,344.	2,223,455.
	21	Total liabilities (Part X, line 26)	582,971.	216,038.
22	Net assets or fund balances. Subtract line 21 from line 20	1,610,373.	2,007,417.	

Part II Signature Block

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

Sign Here

Signature of officer

Date

TAMARA MARINE

Executive Dir.

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

self-employed

Firm's name ▶ NIGRO & NIGRO PC

Firm's address ▶ 25220 Hancock Ave Ste 400

MURRIETA, CA 92562-9739

Firm's EIN ▶

Phone no. (951) 698-8783

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

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

TEEA0113L 08/08/17

Form 990 (2017)



Now more than ever.

Help Build It!

September 16, 2019

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



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 low-income 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

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: Hospice of the Valleys
Mailing Address: 25240 Hancock Ave.
25240 Hancock Ave Suite 120 Mur

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: Hospice of the Valleys Year Organization Founded: 1982
Website: www.HospiceoftheValley Number of Paid Staff: 58 Number of Volunteers: 50
Contact Name: Melanie House Title/Position: Dev. Coordinator
Contact Person's Email Address: mhouse@hovsc.org Telephone: 951-200-7800
Geographic Area(s) the Organization Serves: SW Riverside Co & Fallbrook
Geographic Area(s) the Project/Program Serves: (NOTE: Community Service Funding Grant must be exclusively used to serve Temecula.) SW Riverside County & Fallbrook
Include Physical Address of Project/Program: (if different than Organization's Mailing Address) _____
25240 Hancock Ave. Suite 120 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: June 1983
Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

Print out and attach to this application Verification from Federal (IRS) and State (FTB) as follows:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed 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
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.

RECEIVED

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. Care includes personal visits by
clinicians and volunteers, as well as the provision of medical supplies,
medications, & durable medical equipment. Care is also given to
family members and caregivers, as needed.

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 residents we serve.

3. If awarded, explain HOW the grant funding will specifically BENEFIT TEMECULA 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 from this Project/Program: 50

Estimated number of volunteers involved in this Project/Program: 50

RECEIVED

AUG 21 2019

CITY MANAGER
OFFICE

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.

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)	\$ 5000	
Cash contributed to Project/Program by the Applicant Organization	\$ 17,700	
Other grants or funding already awarded for Project/Program, if any	\$ 5345	
In-Kind match amount or volunteer credit hours estimated amount	\$ 0	
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		\$28045
Facilities/Rent Expense For Project/Program		\$
Other Expense For Project/Program		\$
TOTAL BUDGET FOR PROJECT/PROGRAM	\$28045	\$28045

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): 36
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: Hospice of the Valleys

Name of Project/Program: Senior Assistance

Amount of Grant Fund Awarded: \$ 5000

Month + Year Grant Received from City: 2/2019

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
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 rentals	
4		7/18-6/19	\$ 3800.00	Medication co-pays not charged to patients	\$5/medication
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$ 6706.97

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@hospice.org
25240 Hancock Ave. Suite

PRESIDENT / AUTHORIZED OFFICER: Lynette Cvar, Chief Admin officer / CFO
Print Name Title

SIGNATURE: [Signature] **DATE:** 8/16/19
(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Pamela Chaput, Development Coord
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.

[HELP ⓘ](#)[MENU ☰](#)

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

[< Back to Search Results](#)

Hospice Of The Valleys Sc

EIN: [REDACTED] Murrieta, CA, United States

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC
.....

Page Last Reviewed or Updated: 6-Jul-2018

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

Entity Status Letter

Date: 8/7/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: HOSPICE OF THE VALLEYS SC

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

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

2017**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning , 2017, and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

D Employer identification number**E** Telephone number

951-200-7800

G Gross receipts \$ 5,852,773.

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

H(a) Is this a group return for subordinates? Yes ☐ No ☒**H(b)** Are all subordinates included? Yes ☐ No ☐
If "No," attach a list (see instructions)**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.HOSPICEOFTHEVALLEYS.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1983**M** State of legal domicile: CA**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: THE SPECIFIC PURPOSE OF HOSPICE OF THE VALLEYS IS TO PROVIDE EDUCATIONAL, PSYCHOLOGICAL, EMOTIONAL AND MEDICAL ASSISTANCE TO TERMINALLY ILL PATIENTS.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **8**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **8**

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5** **62**

6 Total number of volunteers (estimate if necessary) **6** **70**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	125,979.	57,704.
9 Program service revenue (Part VIII, line 2g) 9	5,290,155.	5,631,040.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	11,366.	14,594.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	87,380.	104,142.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	5,514,880.	5,807,480.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	3,738,669.	3,730,633.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,275. 16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	1,681,984.	1,779,781.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	5,420,653.	5,510,414.
19 Revenue less expenses. Subtract line 18 from line 12 19	94,227.	297,066.
20 Total assets (Part X, line 16) 20	Beginning of Current Year 1,924,110.	End of Year 2,247,097.
21 Total liabilities (Part X, line 26) 21	370,110.	383,084.
22 Net assets or fund balances. Subtract line 21 from line 20 22	1,554,000.	1,864,013.

Part II Signature Block

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

Sign Here

Signature of officer

Date

LYNETTE CVAR

CAO/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Michael Klein, CPA, EA Michael Klein, CPA, EA

Firm's name ▶ NIGRO & NIGRO PC

Firm's address ▶ 25220 Hancock Ave Ste 400

MURRIETA, CA 92562-9739

Firm's EIN ▶

Phone no. (951) 698-8783

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/08/17

Form **990** (2017)

FY 2019/2020

COMMUNITY SERVICE FUNDING

GRANT APPLICATION #

17

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 (Maximum allowable \$5,000 per Organization)

Project/Program Title: JH Operations Start Date: 7/1/19 End Date: 6/30/20

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

Mailing Address: 31525 Jedediah Smith Rd
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

Contact Name: Martin Barrera-Martinez Title/Position: Operations Manager

Contact Person's Email Address: martin@jacobshousetemecula.org 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 [REDACTED] State Identification Number: _____

Print out and attach to this application Verification from Federal (IRS) and State (FTB) as follows:

1. Attach IRS Deductibility Status using this link: <http://apps.irs.gov/app/eos/>
2. Attach State Entity Status Letter using this link:
https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp
3. Attach first page only of most recent IRS Form 990 or attach print out of detailed 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 ☒ 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 ☐ 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
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.

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

Services are made possible through a partnership with the (5) local hospitals: Rancho Springs, Inland Valley, Temecula Valley, Rady's, and Loma Linda; who refer families to JH. JH accommodates (15) guests

at a time; offering respite just minutes from the hospitals. The property has 4 bedrooms, fully stocked kitchen, laundry, internet, cable/tv, ancillary services of clothing and transportation, children's playground, garden,

chapel. JH is a financial safety net for families; providing resources free of charge; 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 measurable savings 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/groceries, laundry services, utilities, property repairs/maintenance,

security & database systems, facility improvements, gardening/landscaping, residential & office supplies. 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 preserve 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 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 partnering with residents, groups, and businesses that contribute to JH.

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-Temecula, & 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, & Temecula Valley Hospital.

JH strengthens the Temecula Healthcare community through collaboration with (5) hospitals; equipping thousands of hospital staff to better serve basic needs of patients and families.

Estimated number of people expected to benefit from this Project/Program: 250

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

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	
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	
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

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
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	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

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

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

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

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

ORGANIZATION NAME: Jacobs House Inc.

MAILING ADDRESS: 31525 Jedediah Smith Rd PHONE: (951) 452-2627 EMAIL: martin@jacobshousetemecula.org
Temecula CA 92592

PRESIDENT / AUTHORIZED OFFICER: Shawn Nelson, President

Print Name

Title

SIGNATURE: 

DATE: August, 19, 2019

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION PREPARED BY:

Martin Barrera-Martinez, Operations Manager

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.

[HELP ⓘ](#)[MENU ≡](#)

[Home](#) > [Tax Exempt Organization Search](#) > **Jacobs House Inc**

[< Back to Search Results](#)

Jacobs House Inc

EIN: [REDACTED], --, United States

> **Other Names**

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

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

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

> **Tax Year 2018 Form 990**

Organization Name:
Jacobs House Inc

EIN:

Tax Period:

201812

Return ID:

Filing Type:

E

Return Type:


990

Copy of Return:

2018 Form 990 Filing

> Tax Year 2017 Form 990

Page Last Reviewed or Updated: 6-Sept-2019

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U.S. Treasury

Treasury
Inspector General
for Tax
Administration

USA.gov

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization: JACOBS HOUSE INC
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 31525 JEDEDIAH SMITH RD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: TEMECULA, CA 92592

D Employer identification number:
E Telephone number:
G Gross receipts \$ 168,523

F Name and address of principal officer:
SHAWN NELSON
31525 JEDEDIAH SMITH RD
TEMECULA, CA 92592

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.JACOBSHOUSETEMECULA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: JACOB'S HOUSE IS A HOME OF REFUGE WHERE FAMILIES AND LOVED ONES OF THOSE IN TRAUMATIC MEDICAL NEED CAN FIND HOPE, COMFORT, PEACE AND INSPIRATION. WE ARE A COMMUNITY RESOURCE DEDICATED TO SERVE FAMILIES IN CRISIS. WE DO THIS BY PROVIDING SHELTER FOR PHYSICAL, EMOTIONAL, AND SPIRITUAL SUPPORT.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 6
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1
	6 Total number of volunteers (estimate if necessary) 6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
	b Net unrelated business taxable income from Form 990-T, line 34 7b
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 140,620 Current Year 101,263
	9 Program service revenue (Part VIII, line 2g) Prior Year Current Year 0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Prior Year 872 Current Year 797
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Prior Year 55,490 Current Year 36,025
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Prior Year 196,982 Current Year 138,085
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) Prior Year Current Year 0
	14 Benefits paid to or for members (Part IX, column (A), line 4) Prior Year Current Year 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Prior Year 51,672 Current Year 53,472
	16a Professional fundraising fees (Part IX, column (A), line 11e) Prior Year Current Year 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 Prior Year Current Year
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Prior Year 141,493 Current Year 174,679
Net Assets or Fund Balances	18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25) Prior Year 193,165 Current Year 228,151
	19 Revenue less expenses—subtract line 18 from line 12 Prior Year 3,817 Current Year -90,066
	20 Total assets (Part X, line 16) Beginning of Current Year 960,068 End of Year 855,950
	21 Total liabilities (Part X, line 26) Beginning of Current Year 462,982 End of Year 448,930
	22 Net assets or fund balances—subtract line 21 from line 20 Beginning of Current Year 497,086 End of Year 407,020

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

Sign Here
Signature of officer: SHAWN NELSON President
Date: 2019-05-02

Paid Preparer Use Only
Print/Type preparer's name: NOTTINGHAM & ASSOCIATES
Preparer's signature: [Signature]
Date: [Date]
Check ☐ if self-employed
Firm's EIN: [EIN]
Firm's address: 43460 RIDGE PARK DR STE 240
TEMECULA, CA 925903600
Phone no: (951) 296-1698

Return of Organization Exempt From Income Tax

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

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
JACOB'S HOUSE, INC.
31525 JEDEDIAH SMITH RD
TEMECULA, CA 92592

D Employer identification number

E Telephone number

G Gross receipts \$ 228,855.

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.JACOBHOUSETEMECULA.ORG**

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2007

M State of legal domicile: CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6
Revenue	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	1
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	8	Contributions and grants (Part VIII, line 1h)	131,734.
	9	Program service revenue (Part VIII, line 2g)	140,620.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5)	900.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	872.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,490.
	13	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,994.
Expenses	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	196,982.
	15	Benefits paid to or for members (Part IX, column (A), line 4)	
	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,997.
	16b	Professional fundraising fees (Part IX, column (A), line 11e)	51,672.
	17	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	140,254.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	141,493.
	20	Revenue less expenses. Subtract line 18 from line 12	186,251.
	21	Revenue less expenses. Subtract line 18 from line 12	9,743.
	22	Revenue less expenses. Subtract line 18 from line 12	3,817.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	968,974.
	21	Total liabilities (Part X, line 26)	960,068.
	22	Net assets or fund balances. Subtract line 21 from line 20	475,706.
		Beginning of Current Year	End of Year
		493,268.	497,086.

Part II Signature Block

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

Sign Here

Signature of officer

Date

SHAWN NELSON

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JODY D. NOTTINGHAM, CPA

Firm's name ▶ NOTTINGHAM & ASSOCIATES

Firm's address ▶ 43460 RIDGE PARK DR, STE 240

TEMECULA, CA 92590-3600

Firm's EIN ▶

Phone no. (951) 296-1698

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

TEEA0113L 08/08/17

Form 990 (2017)

Return of Organization Exempt From Income Tax

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

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending ,

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C JACOB'S HOUSE, INC.
31525 JEDEDIAH SMITH RD
TEMECULA, CA 92592

D Employer identification number [REDACTED]

E Telephone number (951) 458-8681

G Gross receipts \$ 168,523.

F Name and address of principal officer: SHAWN NELSON
Same As C Above

H(a) Is this a group return for subordinates? Yes ☐ No ☒
H(b) Are all subordinates included? Yes ☐ No ☐
 If "No," attach a list. (see instructions)

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

J Website: WWW.JACOBHOUSETEMECULA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1

6 Total number of volunteers (estimate if necessary) 6 50

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 38 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	140,620.	101,263.
9 Program service revenue (Part VIII, line 2g) 9		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	872.	797.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	55,490.	36,025.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	196,982.	138,085.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13		
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	51,672.	53,472.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	141,493.	174,679.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	193,165.	228,151.
19 Revenue less expenses. Subtract line 18 from line 12 19	3,817.	-90,066.
20 Total assets (Part X, line 16) 20	Beginning of Current Year 960,068.	End of Year 855,950.
21 Total liabilities (Part X, line 26) 21	462,982.	448,930.
22 Net assets or fund balances. Subtract line 21 from line 20 22	497,086.	407,020.

Part II Signature Block

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

Sign Here

Signature of officer: SHAWN NELSON
 Date: President

Paid Preparer Use Only

Print/Type preparer's name: Jody D. Nottingham, CPA
 Preparer's signature: Jody D. Nottingham, CPA
 Date: [REDACTED]

Check ☐ if self-employed PTIN [REDACTED]

Firm's name: NOTTINGHAM & ASSOCIATES
 Firm's address: 43460 RIDGE PARK DR, STE 240
 TEMECULA, CA 92590-3600
 Firm's EIN: [REDACTED]
 Phone no.: (951) 296-1698

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

TEEA0101L 08/20/18

Form 990 (2018)



*A hospitality
house for
families in
traumatic
need.*

ARTICLES OF INCORPORATION

STATE & FEDERAL FORMS

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20

2016Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

JACOB'S HOUSE, INC.

Name and title of officer

SHAWN NELSON**PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

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

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

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

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

ERO firm name

to enter my PIN

Enter five numbers, but
do not enter all zeros

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

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

Officer's signature ▶

Date ▶

6-30-17**Part III Certification and Authentication**

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

do not enter all zeros

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

ERO's signature ▶

Date ▶

6-30-17**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

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

DEPARTMENT OF THE TREASURY

Date

NOV 03 2008

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

Employer Identification Number:

DLN:

Contact Person:

JOANNA YAWNEY

ID#

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

August 16, 2007

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

JACOB'S HOUSE, INC.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is stylized with a large, looping initial "R" and a cursive "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

3013750

**ARTICLES OF INCORPORATION
OF
JACOB'S HOUSE, INC.**

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

AUG 16 2007

I.

The name of this corporation is:

JACOB'S HOUSE, INC.

II.

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., LL.M.
One BetterWorld Circle, Suite 300
Temecula, California 92590

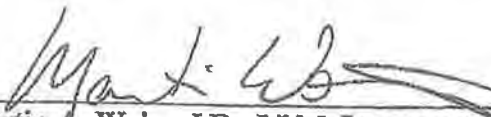
IV.

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

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., LL.M., Incorporator

Dated: July 30, 2007



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 2 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 28 2007

Debra Bowen

DEBRA BOWEN
Secretary of State

FY 2019/2020
COMMUNITY SERVICE FUNDING
GRANT APPLICATION #

18

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: Michelle's Place Year Organization Founded: 2001

Website: www.michellesplace.org Number of Paid Staff: 10 Number of Volunteers: 132

Contact Name: Kim Gerrish Title/Position: Exec. Dir.

Contact Person's Email Address: kim@michellesplace.org Telephone: 951-699-5455

Geographic Area(s) the Organization Serves: Riverside County

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) _____

NONPROFIT STATUS

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

Date of Incorporation as a Nonprofit: November 4, 2001

Federal Identification Number [REDACTED] State Identification Number: [REDACTED]

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 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 ☒ Yes ☐ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? No ☒ Yes ☐ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:

Executive Committee ☐ Board of Directors ☒ Members-at-Large ☐

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
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

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 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
Nonprofit Name
cancer resources to families dealing with cancer. These resources include free wigs, prosthesis, wigs, hats, scarves, and support groups. We also have a lending library, survivor support system. We provide free educational seminars on early detection, prevention, advances in cancer treatment, etc. We provide yoga, Reiki, expressive 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 and 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	
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	\$139,000

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: 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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
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

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) 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

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): 307
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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	Beverly Radiology	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 Grandparents	various	\$ 650.00	various trips to Medical Appts.	transportation
5	Breastlink	7/18	\$ 92.00	surgical consult	surgical consult
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$ 1,768.00

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

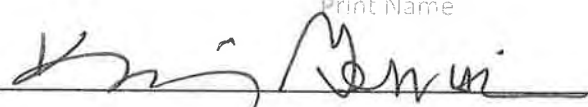
- Recipient is subject to all Community Service Funding Program requirements including submittal deadlines and payment disbursements.
- Every Community Service Funding application is considered individually and on its own merit.
- Awards will be given to organizations and activities that directly benefit 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, Cancer Resource Center

MAILING ADDRESS: 41669 Winchester Rd. **PHONE:** (951) 699-5455 **EMAIL:** kim@michellesplace.org
Temecula, CA 92590

PRESIDENT / AUTHORIZED OFFICER: Kim Gerrish Exec. Dir.

SIGNATURE:  **DATE:** 9/16/19
Print Name Title (Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION 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.

Organization Name: MICHELLE'S PLACE BREAST CANCER RESOURCE CENTER **IRS FEIN:** [REDACTED]

Entity Type: Public Benefit

SOS/FTB Corporate/Organization Number: [REDACTED]

Registry Status:	Reporting Incomplete	Renewal Due/Exp. Date:	5/15/2019
RCT Registration Number:	[REDACTED]	Issue Date:	1/17/2008
Record Type:	Charity Registration	Effective Date:	1/17/2008
Date This Status:	8/13/2019	Date of Last Renewal:	10/15/2018

Street: 41669 WINCHESTER RD, #101

Street Line 2:

City, State Zip: TEMECULA CA 92590

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
IRS Form 990 2011	2011 IRS Form 990
IRS Form 990-EZ 2008	2008 IRS Form 990-EZ
RRF-1 2012	2012 RRF-1
RRF-1 2008	2008 RRF-1
Return Check Notice 2010	Return Check Notice 2010
RRF-1 2009	2009 RRF-1
IRS Form 990-EZ 2009	2009 IRS Form 990-EZ
RRF-1 2013	2013 RRF-1
IRS Form 990 2013	2013 IRS Form 990
Renewal Filing	2017
CT-550 Form RRF-1 Incomplete	2018
2014 RRF-1	2014 RRF-1
2014 IRS Form 990	2014 IRS Form 990
2015 RRF-1	2015 RRF-1
IRS Form 990 Series	2015 IRS Form 990
Form RRF-1	2016
IRS Form 990 Series	2016
Correspondence from Registry	Missing Reports Letter

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):	N
Online Submission (Y/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):	N
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2007
Accounting Period End Date:	12/31/2007
Total Assets:	\$350,636.00
Total Revenue:	\$498,397.00
Filing Received Date:	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):	Y
Online Submission (Y/N):	N
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):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2012
Accounting Period End Date:	12/31/2012

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):	N
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:	\$369,146.00
Filing Received Date:	6/5/2015
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2015
Accounting Period End Date:	12/31/2015
Total Assets:	\$219,983.00
Total 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
Total Assets:	\$181,364.00
Total Revenue:	\$412,322.00
Filing Received Date:	10/12/2017
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2017
Accounting Period End Date:	12/31/2017
Total Assets:	\$252,962.00
Total Revenue:	\$624,213.00
Filing Received Date:	9/26/2018
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	
Status of Filing:	Rejected
Accounting Period Begin Date:	1/1/2018
Accounting Period End Date:	12/31/2018
Total Assets:	\$382,714.00
Total Revenue:	\$777,879.00
Filing Received Date:	8/12/2019
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	

Related Registrations & Event Reports



[Home](#) > [Tax Exempt Organization Search](#) > **Michelles Place Breast Cancer Resource Center**

[< Back to Search Results](#)

Michelles Place Breast Cancer Resource Center

EIN: [REDACTED] Temecula, CA, United States

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

Page Last Reviewed or Updated: 6-Sept-2019



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Taxpayer Bill of Rights

Taxpayer Advocate Service

Accessibility

Resolve an Issue

Respond to a Notice

Office of Appeals

Identity Theft Protection

Other Languages

Español

中文

한국어

Русский

Related Sites

U.S. Treasury

Treasury Inspector General for Tax Administration

USA.gov



Entity Status Letter

Date: 9/16/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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

**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: \$ 4700.00 (Maximum allowable \$5,000 per Organization)

Project/Program Title: Philanthropy Support Start Date: 9/15/19 End Date: 9/1/20

If Grant is Awarded, Make Check Payable to: National Charity League Inc. Murrieta-Temecula

Mailing Address: P.O. Box 1562
Temecula CA 92593

ORGANIZATION AND GEOGRAPHIC AREA SERVED

Name of Applicant Organization: National Charity League Year Organization Founded: 2016
Website: murrietatemecula-nationalcharityleague.org Number of Paid Staff: 0 Number of Volunteers: 180

Contact Name: Jenni Holland Title/Position: President

Contact Person's Email Address: [REDACTED] Phone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula and Murrieta

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)

Jacob's House - 31523 Jeddediah Smith Rd. Temecula 92592
Project Touch - 42036 Moraga Rd. Temecula, 92591

NONPROFIT STATUS

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

Date of Incorporation as a Nonprofit: 2016

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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 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 ☒ Yes ☐ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? No ☒ Yes ☐ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:
Executive Committee _____ Board of Directors ☒ Members-at-Large _____

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. Our mission is to foster a mother-daughter relationship while serving our community through our philanthropies.

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 Philanthropy Support Project is a project where
Project/Program Title
our mothers and daughters will work together
making blankets, filling toiletry/essentials bags,
planting and maintaining a garden and making
meals and cooking and packaging breakfasts for those
in need in the Temecula Community.

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

If awarded, National Charity League will spend the grant funds on _____
Nonprofit Name
see attached document

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

Grant funding will specifically benefit Temecula residents by feeding and helping
the homeless by providing essentials and home
made blankets through Project Touch. We will
also be cultivating a fruit and vegetable garden
to provide fresh food and meals for the residents
of Jacobs House.

Estimated number of people expected to benefit from this Project/Program: 500

Estimated number of volunteers involved in this Project/Program: 180

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

Plants, rocks, fertilizer, succulents \$600

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.

Our philanthropy project will serve the homeless with food, toiletries and blankets. We will also serve those in need of meals and necessities whose family members are 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)	\$ 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		
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		\$ 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

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: NCL Inc. Murrieta-Temecula Chapter

MAILING ADDRESS: P.O. Box 1562 PHONE: () EMAIL:
Temecula CA 92593

PRESIDENT / AUTHORIZED OFFICER: Jenni Holland President
Print Name Title

SIGNATURE: Jenni Holland DATE: 9/16/19
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION 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.



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

Entity Status Letter

Date: 9/11/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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 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

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

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

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

Organization Name: NATIONAL CHARITY LEAGUE, INC., MURRIETA-TEMECULA CHAPTER IRS FEIN: [REDACTED]

Entity Type: Public Benefit

SOS/FTB Corporate/Organization Number: [REDACTED]

Registry Status:	Current	Renewal Due/Exp. Date:	10/15/2019
RCT Registration Number:	[REDACTED]	Issue Date:	1/23/2019
Record Type:	Charity Registration	Effective Date:	1/23/2019
Date This Status:	4/10/2019	Date of Last Renewal:	

Mailing Address

Street: 31915 RANCHO CALIFORNIA RD STE 200-375
 Street Line 2:
 City, State Zip: TEMECULA CA 92591

Filings & Correspondence

CT-400 First Notice To Register	Click on Document Type at the left to open 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 Incomplete	Click on Document Type at the left to open PDF
Renewal Filing	2018
CT-470A Confirmation of Registration	Click on Document Type at the left to open PDF
CT-451C 1st Delinquency Notice	Click on Document Type at the left to open PDF
Founding Documents	Click on Document Type at the left to open PDF

Annual Renewal Data

Status of Filing:	Accepted
Accounting Period Begin Date:	6/1/2016
Accounting Period End Date:	5/31/2017
Total Assets:	\$2,225.00
Total Revenue:	\$11,750.00
Filing Received Date:	3/1/2019
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	

Status of Filing:	Accepted
Accounting Period Begin Date:	6/1/2017
Accounting Period End Date:	5/31/2018
Total Assets:	\$12,993.00
Total Revenue:	\$31,450.00
Filing Received Date:	3/1/2019
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records

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

DEPARTMENT OF THE TREASURY

Date: DEC 12 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

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jeffrey I. Cooper', with a stylized, cursive script.

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

FY 2019/2020
COMMUNITY SERVICE FUNDING
GRANT APPLICATION #

20

**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

Amount Requested: \$ 5,000 (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: National Charity League, Inc., Temecula Valley Chapter

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: [REDACTED]

Telephone: [REDACTED]

Geographic Area(s) the Organization Serves: Temecula Valley

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) _____

Community Mission of Hope [REDACTED] 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: February 2, 2015

Federal Identification Number: [REDACTED] State Identification Number: [REDACTED]

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 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
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 "Pave the Future" Senior Leadership Project 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, National Charity League, Inc., Temecula Valley Chapter will spend the grant funds on leveling
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 creating a cleaner, safer and more productive environment for volunteers of the Community Mission of Hope. Not only does the CMOH serve the Temecula community but also approximately 90% of the volunteers are within our city limits.

Estimated number of people expected to benefit from this Project/Program: 450 Volunteers who reside in 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: This project was developed by the NCL 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: National Charity League, Inc., Temecula Valley Chapter **Name of Project/Program:** 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 <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund Awarded" (above) 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 <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund
Awarded" (above) provided by the City

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

- 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.

ORGANIZATION NAME: National Charity League, Inc., Temecula Valley Chapter

MAILING ADDRESS: PO Box 891381

PHONE: [REDACTED]

EMAIL: [REDACTED]

Temecula, CA 92589

PRESIDENT / AUTHORIZED OFFICER: Jensine Koperek

Immediate Past President

Print Name

Title

SIGNATURE: 

DATE: 09/15/19

(Month, Day, Year)

IF DIFFERENT THAN ABOVE,

APPLICATION PREPARED BY: Laura Page

Grade Level Advisor of the Class of 2020

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.



[Home](#) > [Tax Exempt Organization Search](#) > **National Charity League Inc Temecula Valley Chapter**

[Back to Search Results](#)

National Charity League Inc Temecula Valley Chapter

EIN: [REDACTED] | Temecula, CA, United States

> **Other Names**

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> **Tax Year 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



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Rights

Taxpayer Advocate
Service

Accessibility

Civil Rights

Freedom of
Information Act

No Fear Act

Privacy Policy

Resolve an Issue

Respond to a Notice

Office of Appeals

Identity Theft
Protection

Report Phishing

Tax Fraud & Abuse

Other Languages

Español

中文

한국어

Русский

Tiếng Việt

Related Sites

U.S. Treasury

Treasury Inspector
General for Tax
Administration

USA.gov



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

Entity Status Letter

Date: 9/13/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

Entity Name: NATIONAL CHARITY LEAGUE, INC., TEMECULA VALLEY CHAPTER

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

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 MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

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

Organization Name: NATIONAL CHARITY LEAGUE, INC., TEMECULA VALLEY CHAPTER **IRS FEIN:** [REDACTED]

Entity Type: Public Benefit

SOS/FTB Corporate/Organization Number: [REDACTED]

Registry Status:	Current	Renewal Due/Exp. Date:	10/15/2019
RCT Registration Number:	[REDACTED]	Issue Date:	12/19/2014
Record Type:	Charity Registration	Effective Date:	12/19/2014
Date This Status:	12/19/2014	Date of Last Renewal:	2/22/2019

Mailing Address

Street: PO BOX 891381
Street Line 2:
City, State Zip: TEMECULA CA 92589-1381

Filings & Correspondence

Confirmation of Registration Letter	Confirmation of Registration Letter
Founding Documents	Founding Documents
Renewal Filing	2018
Form RRF-1	2017
RRF-1 2015	2015 RRF-1
IRS Form 990-N 2015	2015 IRS Form 990-N
2016 RRF-1	2016 RRF-1
RRF-1 2014	2014 RRF-1
IRS Form 990-N 2014	2014 IRS Form 990-N

Annual Renewal Data

Status of Filing:	Accepted
Accounting Period Begin Date:	6/1/2013
Accounting Period End Date:	5/31/2014
Total Assets:	\$130.00
Total Revenue:	\$23,500.00
Filing Received Date:	1/12/2015
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	6/1/2014
Accounting Period End Date:	5/31/2015
Total Assets:	\$250.00
Total Revenue:	\$32,516.00
Filing Received Date:	10/16/2015
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	6/1/2015
Accounting Period End Date:	5/31/2016
Total Assets:	\$250.00
Total Revenue:	\$38,063.00
Filing Received Date:	10/19/2016

Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	N
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):	N
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):	

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

No Related Records

FY 2019/2020

COMMUNITY SERVICE FUNDING
GRANT APPLICATION #

21

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/Position: Founder

Contact Person's Email Address: info@ournick.org Telephone: 951.303.8732

Geographic Area(s) the Organization Serves: Temecula Valley

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

Include Physical Address of Project/Program: (if different than Organization's Mailing Address) Temecula Lanes and Paloma Del Sol Park

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: <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 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 ☒ Yes ____ If Yes, briefly describe: _____

Is a Temecula City Council Member a member of the Board of Directors or an Officer of the organization? No ☒ Yes ____ If Yes, provide Council Member's Name and title within the organization: _____

This Application has been authorized by the organization's:
Executive Committee ☒ Board of Directors ____ Members-at-Large ____

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
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 th

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 Bowl w/Nick, Kick w/Nick is _____
Project/Program Title

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 will spend the grant funds on _____
Nonprofit Name

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 TEMECULA RESIDENTS.

Grant funding will specifically benefit Temecula residents by allowing 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	\$	
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		\$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 program: (approximate number of beneficiaries if you don't have a precise number): 300
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 Nicholas Foundation

Name of Project/Program: Bowl With Nick/Kick
With Nick

Amount of Grant Fund Awarded: \$ 5,000

Month + Year Grant Received from City: 7/2018

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted Temecula residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	Temecula Lanes	7/1/2018	\$ 600	Bowling lanes + Shoes	Allowed autistic kids to be apart of
2	Temecula Lanes	7/8/2018	\$ 510	Bowling lanes + Shoes	a bowling league
3	Temecula Lanes	7/15/2018	\$ 600	Bowling lanes + Shoes	
4	Temecula Lanes	7/22/2018	\$ 490	Bowling lanes + Shoes	
5	Temecula Lanes	8/12/2018	\$ 1,020	Bowling lanes + Shoes	
6	Temecula Lanes	8/19/2018	\$ 894.41	Bowling lanes + Shoes	
7	Score	8/16/2018	\$ 2016.61	Uniform Shirts for Players	Allowed autistic kids to be part of a soccer team
8			\$		
9			\$		
10			\$		
11			\$		
12			\$		
13			\$		
14			\$		
15			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to (or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

\$ 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 Nicolas Foundation

MAILING ADDRESS: 31493 Rancho Pueblo #205 PHONE: (951) 303-8732 EMAIL: info@ournicolas.org
Temecula 92592

PRESIDENT / AUTHORIZED OFFICER: Mark Ansino

SIGNATURE: [Signature] DATE: 10/1/19
(Month, Day, Year)

IF DIFFERENT THAN ABOVE,
APPLICATION 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: Stacey Brown
Sent: Monday, October 7, 2019 1:56 PM
To: Christi Reilly
Subject: 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
stacey.brown@TemeculaCA.gov
TemeculaCA.gov

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
31493 Rancho Pueblo Rd. Suite 205
Temecula, CA 92592
www.OurNicholasFoundation.org

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

[Home](#) > [Tax Exempt Organization Search](#) > **Onf For Autism Inc**

[< Back to Search Results](#)

Onf For Autism Inc

EIN: [REDACTED] Temecula, CA, United States

> **Other Names**

Publication 78 Data ⓘ

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

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard) ⓘ

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

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

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



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

Entity Status Letter

Date: 10/7/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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 #**

22

**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 (Maximum allowable \$5,000 per Organization)
Project/Program Title: Alexa's PLAYC 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
exclusively used to serve Temecula.) Southwest Riverside County
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: [REDACTED] State Identification Number: [REDACTED]

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 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 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 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. Rady Children's
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 quality individual attention.

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

If awarded, Rady Children's Hosp will spend the grant funds on tuition assistance.
Nonprofit Name
Early education is key to a child's kindergarten readiness, and provides a foundation for lifelong
learning and social-emotional well-being; but the financial cost can discourage parents from
enrolling their children in preschool. If awarded, grant funds will be used to offer preschool
tuition subsidies of \$1,000 per child to five children 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: 5

Estimated number of volunteers involved in this Project/Program: 0

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		\$
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.**

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: Rady Children's

Name of Project/Program: Alexa's PLAYC

Amount of Grant Fund Awarded: \$ NA

Month + Year Grant Received from City: _____

Attachment Number	Name of Company on Receipt/Invoice	Date (Mo/Day/Yr) on Receipt/Invoice <small>Must be dated on or between July 1, 2018 - June 30, 2019</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <u>Temecula</u> residents <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1	NA		\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund Awarded" (above) 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: 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 <small>Must be dated on or between July 1, 2019 - June 30, 2020</small>	Amount of Expenditure	Describe... (1) what the expenditure was (2) purpose of the expenditure <small>MUST support Project/Program description on Application + Award Letter</small>	Explain ... how the expenditure specifically benefitted <u>Temecula residents</u> <small>If names/addresses of Temecula beneficiaries are available, please attach</small>
1			\$		
2			\$		
3			\$		
4			\$		
5			\$		
6			\$		
7			\$		

EXPENDITURE TOTAL

Note: Expenditure Total must be equal to \$
(or greater than) the "Amount of Grant Fund Awarded" (above) provided by the City

SIGNATURE PAGE

The applicant acknowledges and agrees to the following:

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

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

ORGANIZATION NAME: Rady Children's Hospital San Diego

MAILING ADDRESS: 3020 Children's Way MC5034 PHONE: (858) 966-1700 EMAIL: nholmes@rchsd.org
San Diego CA 92123

PRESIDENT / AUTHORIZED OFFICER: Dr. Nicholas Holmes, Sr. Vice President & Chief Operations Officer
Print Name Title

SIGNATURE: Nicholas M. Holmes DATE: September 17, 2019
(Month, Day, Year)

IF DIFFERENT THAN ABOVE, APPLICATION PREPARED BY: Shelley Turner, Manager Developmental Services Murrieta
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

Department of the Treasury

Date:

DEC 06 2007

RADY CHILDRENS HOSPITAL – SAN DIEGO
% DEANNA ALBA
3020 CHILDRENS WAY MSC 5098
SAN DIEGO CA 92123-4223

Person to Contact:

Vaida Singleton

ID# [REDACTED]

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

[REDACTED]

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.

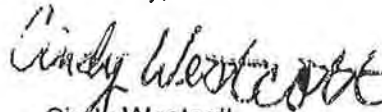
Our records indicate that a determination letter was issued in July 1997 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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,



Cindy Westcott
Manager, Exempt Organizations
Determinations



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

Entity Status Letter

Date: 9/17/2019

ESL ID: [REDACTED]

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

Entity ID: [REDACTED]

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

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Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

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

Organization Name:	RADY CHILDREN'S HOSPITAL-SAN DIEGO	IRS FEIN:	
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	
Registry Status:	Exempt	Renewal Due/Exp. Date:	
RCT Registration Number:		Issue Date:	8/19/2010
Record Type:	Charity Registration	Effective Date:	8/19/2010
Date This Status:	9/6/2016	Date of Last Renewal:	

Mailing Address

Street: 3020 CHILDRENS WAY
Street Line 2:
City, State Zip: SAN DIEGO CA 92123

Filings & Correspondence

IRS Form 990 2009	2009 IRS Form 990
Exemption Documents	Exemption Documents

Annual Renewal Data

No Annual Renewal Data

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	BENEFACTORS COUNSEL, LLC		
Registration No:		Registration Type:	Fundraising Event
Date Established:	12/29/2016	Association Date:	1/3/2017
		Registration Status:	Complete
		Expiration Date:	12/31/2018
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	RITEWAY CHARITY SERVICES, INC.		
Registration No:		Registration Type:	Fundraising Event
Date Established:	2/8/2019	Association Date:	1/1/2019
		Registration Status:	Awaiting Reporting
		Expiration Date:	12/31/2019
Prereq Type:	Prerequisite	Relationship:	Charity
Registrant:	RITEWAY CHARITY SERVICES, INC.		
Registration No:		Registration Type:	Fundraising Event
Date Established:	4/2/2019	Association Date:	1/1/2018
		Registration Status:	Complete
		Expiration Date:	12/31/2018