

2022 Tax Return(s)

Prepared for East County Transitional Living Center
Client Code: 3099.3099:V1

Account Number 793388
Release Number 2022.05000

Prepared by Swenson Advisors, LLP
25220 Hancock Ave., Suite 240
Murrieta, CA
92562

951-445-4700

Processing Date: 11/16/2023
Time: 15:33:25

**Special
Instructions**

Messages

Return Information

INFORMATIONAL

- Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on the Depreciation Options and Overrides worksheet, Prepare Form 4562 if not req'd field. (30144)

Signed-off by Rvaldivia 11/13/2023 6:36 PM PST

- Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 15, 2023. Form 990-T is being prepared and is also allowed one 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before May 15, 2023. (34479)

Signed-off by Rvaldivia 11/13/2023 6:37 PM PST

- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$112178 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 101 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
- Electronic Filing. The following EFIN 337501 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- Electronic Filing. The name control indicated in the electronic filing for this return is EAST. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control - override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)

Signed-off by Rvaldivia 11/13/2023 6:41 PM PST

Return Information

- Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)
- Electronic Filing. Schedule B, Schedule of Contributors. One or more of the contributor names on the Schedule B, Schedule of Contributors worksheet, General Contributor Information section contains an ampersand. Note that the electronic filing schema does not allow that symbol to be included in the name of a contributor unless it is a business name. If the contributor is an individual the ampersand should be replaced with the word 'and'. Otherwise it will be omitted from the electronic file. (37250)
- California. Form RRF-1. If total gross revenue or total assets are \$25,000 or more, be sure that Form RRF-1 includes a complete copy of the federal return and all necessary attachments, including Schedule B, Schedule of Contributors, if prepared. If the federal attachment is missing or incomplete Form RRF-1 will be considered incomplete by the Attorney General's Registry of Charitable Trusts. (35698)
- California Electronic Filing. The California Form 199 return has been selected for electronic filing. If a printed copy of the California return is generated and electronic processing of the return is completed, do not mail the printed copy of return to the Franchise Tax Board. (31017)
- California. Form RRF-1 has been prepared but is not available for electronic filing with the state. Form RRF-1 has been included in the printed government copy; please separately mail this form to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470 (36364)
- California. The following forms have been prepared but are not available for electronic filing with the state: Form 3539, 100-ES, 5806, 109, Sch D (541), Sch D-1, 3885 (Form 109), 3885F (Form 109), 3805Q and RRF-1. Please review the form's printed instructions for proper filing of this form. (37877)

ELECTRONIC FILING STATUS REPORT

<i>TAXING AUTHORITY</i>	<i>RETURN STATUS</i>	<i>ELECTRONIC FILING STATUS</i>	<i>DATE EXPORTED</i>
Federal Form 990	Qualified		
California Form 199	Qualified		

Form	Description	Amount\Text
990 Page 9	Rvaldivia - 11/16/23 12:27 PM	46586
990 Page 9	Rvaldivia - 11/16/23 12:26 PM	0
990 Page 9	Rvaldivia - 11/16/23 12:27 PM	46586

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Statement of Functional Expenses

Officer comp - program service.....	66682
Officer comp - mgmt & general.....	53695
Officer comp - fundraising.....	6336
Depreciation - prog services.....	89063

Section: Net Assets

Ending net assets - O/R.....	1437701
------------------------------	---------

Worksheet: CA Income/Deduction Overrides

Section: Expense Overrides

Depreciation expense - O/R.....	89063
---------------------------------	-------

Worksheet: CA Balance Sheet Overrides

Section: Liabilities and Net Worth Overrides

Beginning year amount - O/R.....	334827
Beginning accts payable - O/R.....	67242
Begin retained earnings - O/R.....	1503591

Section: Assets Overrides

Beginning of year cash - O/R.....	572838
Beginning accts recvbl - O/R.....	69503
Beginning fixed assets - O/R.....	1517946
Beginning accum depr - O/R.....	475376
Beginning land - O/R.....	188000

Section: Liabilities and Net Worth Overrides

Beginning year amount - O/R.....	5209
----------------------------------	------

2022 Return Summary

East County Transitional Living Center

27-0865318

Form 990:

Total Revenue	7032530.
Total Expenses	7098420.
Excess <Deficit>	-65890.
Beginning Net Assets	1503591.
Changes in Net Assets	0.
Ending Net Assets	1437701.

Balance Sheet Analysis

Ending Total Assets	2212307.
Ending Total Liabilities	774606.
Ending Total Net Assets or Fund Balances	1437701.
Ending Total Assets Minus Liabilities and Net Assets	0.
Ending Net Assets Difference Between Page 1 and Page 11	0.

California Form 199:

Gross Receipts	7032530.
Total Expenses	7098420.
Deficit	-65890.
Beginning Net Assets	1503591.
Changes in Net Assets	0.
Ending Net Assets (1)	1437701.
Filing Fees	0.
Total Tax	0.

Balance Sheet Analysis

Ending Total Assets	2212307.
Ending Total Liabilities	774606.
Ending Total Net Assets or Fund Balances (2)	1437701.
Ending Total Assets Minus Liabilities and Net Assets	0.
Ending Net Assets Difference Between Items (1) and (2)	0.

California Form RRF-1:

Total Revenue	0.
Total Expenses	0.
Annual Report Filing Fees	400.

2022 Return Summary

East County Transitional Living Center

27-0865318

	Federal	California
Form Name	990	Form RRF-1
E-file Requested	Yes	No **
Due Date	05/15/23	05/15/23
Extended Due Date		
Direct Deposit	N/A	N/A
Electronic Withdrawal	N/A	N/A
Date Calculated	11/16/23	11/16/23
Time Calculated	15:32:15	15:32:15
Release Version	2022.05000	2022.05000

** Not Available for E-file

2022 Return Summary

East County Transitional Living Center

27-0865318

California

Form Name	Form 199
E-file Requested	Yes
Due Date	05/15/23
Extended Due Date	11/15/23
Direct Deposit	N/A
Electronic Withdrawal	N/A
Date Calculated	11/16/23
Time Calculated	15:32:15
Release Version	2022.05000

** Not Available for E-file

November 16, 2023

East County Transitional Living Center
1527 E. Main St.
El Cajon, CA 92021
Attention: Julie Hayden

Dear Julie

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$400.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Scott Maxwell

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

East County Transitional Living Center
1527 E. Main St.
El Cajon, CA 92021

Prepared By:

Swenson Advisors, LLP
25220 Hancock Ave., Suite 240
Murrieta, CA 92562

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us as soon as possible

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

East County Transitional Living Center

EIN or SSN

27-0865318

Name and title of officer or person subject to tax **Julie Hayden**
CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7032530.</u>
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Swenson Advisors, LLP** to enter my PIN **92562**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

33750192562

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
61	Flooring, counters, sinks, rooms 240, 239, 238 lumber for 5 rms/framing/drywall/insulation for 4	188.	257.	-69.
62	rms #'s 234, 235, 23	1130.	1549.	-419.
63	New flooring room renovation	169.	212.	-43.
64	framing/insulation/drywall room #239	283.	355.	-72.
65	sink/lights/mirrors/floor room renovation	252.	287.	-35.
66	Room remodel (ceiling, counters, floors, sinks, doors	389.	399.	-10.
67	Final payment for guard rail project	2606.	1786.	820.
68	Room Renovation install electrical circuits	365.	250.	115.
69	243/244/245	263.	150.	113.
70	A/C Units x10	2086.	953.	1133.
71	Framing & insulation labor/materials for rooms 252, 270, 300	704.	241.	463.
72	Installation of drywall & material	356.	122.	234.
73	Flooring, counter tops, sinks, baseboard	311.	107.	204.
74	flooring, baseboard, counter top, sink, faucets (rooms 238, 239, 223)	232.	79.	153.
75	materials, labor, and framing for rooms 232, 255, 282, and 283	938.	321.	617.
76	paint/counters/sinks/mirrors/facuets rms 255, 282, 283, 232	222.	76.	146.
77	hang, tape, and texture/labor and materials rooms 232, 255, 282, and 2	521.	179.	342.
78	Sinks, counters, flooring, mirrors, blinds for rooms 284, 285, and 295	409.	93.	316.
79	framing, insulation, drywall of ceilings for labor and materials in ro	1095.	250.	845.
80	Walkway ceiling reimforcement & damaged lumber replacement (202-204)	209.	24.	185.
81	flooring for CO-OP room	222.		222.
89	DRUM CHIPPER REPLACEMENT	1119.	1534.	-415.
90	WALK IN FREEZER COMPRESSOR	467.	640.	-173.

DEPRECIATION VARIANCE REPORT

ASSET NUMBER	DESCRIPTION	ACCOUNTANT'S CALCULATED DEPRECIATION	SYSTEM CALCULATED DEPRECIATION	VARIANCE
91	COMPUTER - HAROLD	406.	556.	-150.
92	WATER HEATER - KITCHEN	335.	459.	-124.

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization East County Transitional Living Center Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1527 E. Main St. City or town, state or province, country, and ZIP or foreign postal code El Cajon, CA 92021 F Name and address of principal officer: Julie Hayden same as C above	D Employer identification number 27-0865318 E Telephone number 619-442-0457 G Gross receipts \$ 7032530. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: https://ectlc.org/		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 2009		M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: To provide transitional living and restore lives. (See schedule O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	10
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	4219724.
9		Program service revenue (Part VIII, line 2g)	1292816.	1328353.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14117.	107.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21450.	95191.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5548107.	7032530.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	201950.	98835.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	846945.	1179357.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 106515.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4723491.	5820228.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5772386.	7098420.
	19	Revenue less expenses. Subtract line 18 from line 12	-224279.	-65890.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1910869.	2212307.
	21	Total liabilities (Part X, line 26)	407278.	774606.
	22	Net assets or fund balances. Subtract line 21 from line 20	1503591.	1437701.

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 Julie Hayden, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Scott Maxwell	Preparer's signature
	Date	Check <input type="checkbox"/> if self-employed
	Firm's name Swenson Advisors, LLP	PTIN P00749825
	Firm's address 25220 Hancock Ave., Suite 240 Murrieta, CA 92562	Firm's EIN 33-0810710
		Phone no. 951-445-4700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To provide transitional living and restore lives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 24499. including grants of \$) (Revenue \$ 556396.) Work Therapy

Income is generated by transitional housing participants working for agencies that have contracted with the Organization for labor. In return for their labor, the contracted agencies provide a voluntary contribution to the Organization. The contributions are accrued to the period the labor services are provided.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 227236.) Emergency Shelter

The Organization has contracted with the City of El Cajon to provide emergency shelter to families during the winter months. The Organization provides these services based on a contracted daily rate and recognizes the revenues as the services are provided.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ 6261023. including grants of \$ 98835.) (Revenue \$ 593326.)

4e Total program service expenses 6285522.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 3	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
Valerie Fletcher - 619-442-0457
1527 E. Main St., el cajon, CA 92021

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ivan andujar interim CEO	40.00	X		X				58725.	0.	0.
(2) Michael Branch CEO	40.00	X		X				46385.	0.	0.
(3) Harold Brown CEO	40.00	X		X				21602.	0.	0.
(4) GREG BROWN board member	1.00	X						0.	0.	0.
(5) TIM CORCORAN Secretary	1.00	X						0.	0.	0.
(6) JOEL SANDERS board member	1.00	X						0.	0.	0.
(7) CHARLES LONG board member	1.00	X						0.	0.	0.
(8) NIKKI CARAVEO TREASURER	1.00	X						0.	0.	0.
(9) DEBORAH BOYE BOard member	1.00	X						0.	0.	0.
(10) ROBERT WHITELAW Board member	1.00	X						0.	0.	0.
(11) JIM ROBINSON CHAIR	1.00	X						0.	0.	0.
(12) BARBARA PRESTON VICE CHAIR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							126712.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							126712.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	25000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5583879.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4293417.				
	h Total. Add lines 1a-1f			5608879.			
Program Service Revenue	2 a <u>Work Therapy</u>	Business Code					
		900099	556396.	556396.			
	b <u>All other programs</u>	900099	544721.	544721.			
	c <u>Emergency Shelter</u>	900099	227236.	227236.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1328353.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		107.			107.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ <u>0.</u> of contributions reported on line 1c). See Part IV, line 18	8a		46586.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			46586.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>EBT</u>	Business Code					
		900099	48605.	48605.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			48605.				
12 Total revenue. See instructions			7032530.	1376958.	0.	107.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	83450.	83450.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15385.	15385.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126713.	66682.	53695.	6336.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1052644.	553951.	446061.	52632.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	666340.	606407.	59933.	
14 Information technology				
15 Royalties				
16 Occupancy	96652.	92699.	3953.	
17 Travel	236117.	233610.	2507.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13944.	13944.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89063.	89063.		
23 Insurance	135002.	111347.	22369.	1286.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a In kind donations of fo	4344046.	4344046.		
b Program	163371.	74232.	42878.	46261.
c Other	44057.		44057.	
d Bad Debt	30900.		30900.	
e All other expenses	736.	706.	30.	
25 Total functional expenses. Add lines 1 through 24e	7098420.	6285522.	706383.	106515.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	57035.	1	350265.
	2 Savings and temporary cash investments	515803.	2	107635.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	69503.	4	74446.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37958.	9	38129.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1513566.		
	b Less: accumulated depreciation	10b 520049.	1230570.	10c 993517.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	648315.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1910869.	16	2212307.	
Liabilities	17 Accounts payable and accrued expenses	67242.	17	160535.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	340036.	25	614071.
	26 Total liabilities. Add lines 17 through 25	407278.	26	774606.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1128843.	27	1026952.
	28 Net assets with donor restrictions	374748.	28	410749.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1503591.	32	1437701.
	33 Total liabilities and net assets/fund balances	1910869.	33	2212307.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7032530.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7098420.
3	Revenue less expenses. Subtract line 2 from line 1	3	-65890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1503591.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1437701.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2215373.	1616436.	3248302.	4316492.	5608879.	17005482.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2215373.	1616436.	3248302.	4316492.	5608879.	17005482.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						17005482.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2215373.	1616436.	3248302.	4316492.	5608879.	17005482.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27074.	22079.	27894.	21590.	9707.	108344.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17113826.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.37	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	80.83	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2022

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

East County Transitional Living Center

Employer identification number

27-0865318

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>HUD/CDBG</u> <u>Pending</u> <u>El Cajon, CA 92021</u>	\$ <u>227236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>stripe</u> <u>Pending</u> <u>El Cajon, CA 92021</u>	\$ <u>117861.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>Albertson's Fletcher Parkway</u> <u>8920 Fletcher Pkwy</u> <u>La MEsa, CA 91942</u>	\$ <u>530644.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>Amazon - Feeding San Diego</u> <u>9477 Waples St #100</u> <u>San diego, CA 92121</u>	\$ <u>153506.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>Amazon - Pickup</u> <u>9477 Waples St #100</u> <u>San diego, CA 92121</u>	\$ <u>619651.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>Cajon Valley School District</u> <u>750 E. Main St</u> <u>El Cajon, CA 92020</u>	\$ <u>137226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>EJE Academics Charter School</u> <u>851 S Johnson Ave</u> <u>El Cajon, CA 92020</u>	\$ <u>128732.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>Feeding San Diego</u> <u>9477 Waples St #100</u> <u>San Diego, CA 92121</u>	\$ <u>394075.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>Rady's Hospital</u> <u>Pending</u> <u>El Cajon, CA 92021</u>	\$ <u>136948.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>Smart & Final Fletcher Parkway</u> <u>Pending</u> <u>El Cajon, CA 92021</u>	\$ <u>210203.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>Walmart Neighborhood Market</u> <u>Pending</u> <u>El Cajon, CA 92021</u>	\$ <u>174983.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Food and General Donation _____ _____ _____	\$ <u>530644.</u>	<u>12/31/22</u>
4	Food and General Donation _____ _____ _____	\$ <u>153506.</u>	<u>12/31/22</u>
5	Food and General Donation _____ _____ _____	\$ <u>619651.</u>	<u>12/31/22</u>
6	Food and General Donation _____ _____ _____	\$ <u>137226.</u>	<u>12/31/22</u>
7	Food and General Donation _____ _____ _____	\$ <u>128732.</u>	<u>12/31/22</u>
8	Food and General Donation _____ _____ _____	\$ <u>394075.</u>	<u>12/31/22</u>

Name of organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Food and General Donation _____ _____ _____	\$ <u>136948.</u>	<u>12/31/22</u>
10	Food and General Donation _____ _____ _____	\$ <u>210203.</u>	<u>12/31/22</u>
11	Food and General Donation _____ _____ _____	\$ <u>174983.</u>	<u>12/31/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: East County Transitional Living Center; Employer identification number: 27-0865318

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		342965.		342965.
c Leasehold improvements		634704.	264841.	369863.
d Equipment		172073.	79454.	92619.
e Other		363824.	175754.	188070.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				993517.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Right of Use assets operatin leases	222313.
(2) Roigh of use assets finance leases	426002.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	648315.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Lease Liabilities	610808.
(3) Cash Held in trust for others	3263.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	614071.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6996527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	172656.	
e	Add lines 2a through 2d		2e	172656.
3	Subtract line 2e from line 1		3	6823871.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	208659.	
c	Add lines 4a and 4b		4c	208659.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	7032530.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7098420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7098420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7098420.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

N/A

Part XI, Line 2d

Net assets released from restriction are included in the financial statements but not in the 990

Part XI, Line 4b

Restricted contributions are included in the 990 but excluded from the total revenue line in the financials

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization East County Transitional Living Center	Employer identification number 27-0865318
---	---

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Annual Gala Silent Auction (event type)	Mayors Concert 2022 (event type)		
Revenue	1	Gross receipts			
	2	Less: Contributions	12214.	34372.	46586.
	3	Gross income (line 1 minus line 2)	-12214.	-34372.	-46586.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-46586.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **East County Transitional Living Center** Employer identification number **27-0865318**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHRISTIAN FELLOW OF EL CAJON 1527 East Main Street el cajon, CA 92021	33-0055330		83450.	0.			General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of non-cash assistance, (e) Method of valuation, (f) Description of noncash assistance. Includes rows for Charitable contributions.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Multiple horizontal lines for supplemental information input.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **East County Transitional Living Center** Employer identification number **27-0865318**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1125955.	Cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		3093463.	Comparable cost esti
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>Professional Se</u>)	X	0	51120.	Comparable cost esti
26 Other (<u>Rent release re</u>)	X	0	22878.	Comparable cost esti
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

East County Transitional Living Center

Employer identification number

27-0865318

Form 990, Part I, Line 1, Description of Organization Mission:

Since 2009, East County Transitional Living Center has been tirelessly committed to breaking the cycle of homelessness, addiction, poverty, and despair in the lives of hurting people. This is accomplished by our team of highly relational and joyful servants.

ECTLC is a hand up, not a hand out. Our guidelines for those who are ready to change are firm, and they work. 80% of the men and women who have completed our 1-year program remain addiction-free and in housing.

Form 990, Part III, Line 4d, Other Program Services:

PROGRAM SERVICE ACCOMPLISHMENTS FAMILY RESTORATION PROGRAM: ECTLC OFFERS A CHRIST-CENTERED, MINIMUM ONE-YEAR PROGRAM TO RESTORE FAMILIES TO WHOLENESS, TO HELP MOMS, DADS & CHILDREN HEAL. SCHOOL-AGED CHILDREN ARE IMMEDIATELY REGISTERED FOR SCHOOL. PARENTS ATTEND BIBLE STUDIES, SCRIPTURE-BASED PARENTING CLASSES, ANGER MANAGEMENT AND BIBLE-BASED DRUG & ALCOHOL RECOVERY MEETINGS. WE OFFER G.E.D. PREPARATION CLASSES, AND ACCESS TO OUR RESOURCE CENTER TO PREPARE RESUMES, PRACTICE JOB INTERVIEWS, AND SEARCH FOR WORK ONLINE. WE WILL HELP FAMILIES WITHOUT VEHICLES GET TO DOCTOR APPOINTMENTS, COURT DATES, CHILD WELFARE AND CHILD CUSTODY MEETINGS.

THE ECTLC MEN'S DISCIPLESHIP PROGRAM: IS A ONE YEAR CHRIST-CENTERED PROGRAM THAT WILL GUIDE HOMELESS MEN TO FIND NEW HOPE AND A NEW LIFE IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

East County Transitional Living Center

Employer identification number

27-0865318

CHRIST, FREE FROM HOMELESSNESS AND ADDICTION. THE REQUIREMENT TO ENTER THIS PROGRAM IS A SINCERE DESIRE TO BE FREE FROM THE OLD LIFE, AND BE WILLING TO LEARN HOW TO LIVE THE ABUNDANT LIFE THROUGH THE TEACHINGS OF JESUS CHRIST. OUR CENTER IS LOCATED ON 12 ACRES IN THE RURAL COMMUNITY OF DULZURA WHERE MEN WILL SPEND THEIR FIRST THREE MONTHS IN THE PROGRAM. FREE FROM THE TEMPTATIONS OF LIFE, THEY ARE TAUGHT TO TAKE RESPONSIBILITY FOR THEIR POOR CHOICES AND, THROUGH THE LEADING OF THE SPIRIT OF GOD, THEY CAN NOW SAY "NO" TO THESE TEMPTATIONS. AFTER 90 DAYS, MEN ARE ELIGIBLE TO RETURN TO OUR MAIN CAMPUS IN EL CAJON TO COMPLETE THEIR PROGRAM TRAINING, WHICH INCLUDE WORK THERAPY, GED CLASSES, RECOVERY PROGRAMS, JOB SEARCH AND OTHER LIFE SKILLS. UPON GRADUATION, THESE MEN WILL BE EMPLOYED, SHELTERED AND READY TO RE-ENTER OUR COMMUNITIES AS PRODUCTIVE MEMBERS.

WOMEN'S DISCIPLESHIP TRAINING PROGRAM: OFFERS WOMEN THE OPPORTUNITY TO TURN THEIR SHATTERED LIVES AROUND THROUGH THE TEACHINGS OF JESUS CHRIST. THE WOMEN'S HOME IS IN AN UNDISCLOSED LOCATION IN FLINN SPRINGS. THEY WILL REMAIN THERE FOR 90 DAYS AS THEY HEAL AND CONNECT WITH THE OTHER WOMEN, SEPARATED FROM THEIR OLD NEIGHBORHOODS AND ACQUAINTANCES, TOSSING OFF THE BAGGAGE THAT ACCOMPANIES HOMELESSNESS, ADDICTION AND UNHEALTHY RELATIONSHIPS. WHEN THEY GRADUATE TO THE MAIN CAMPUS IN EL CAJON, THEY WILL UTILIZE THE REMAINDER OF THE YEAR-LONG PROGRAM TO LEARN THE LIFE SKILLS NEEDED TO RETURN TO THE COMMUNITY. THE TRANSFORMATIONS MADE IN THEIR LIVES WILL HAVE A LASTING BENEFICIAL IMPACT, NOT ONLY ON THEIR CHILDREN, FAMILY AND FRIENDS, BUT ON SOCIETY AS A WHOLE. THEY WILL BE LIVING THE ABUNDANT LIFE IN CHRIST.

Expenses \$ 6261023. including grants of \$ 98835. Revenue \$ 593326.

Name of the organization East County Transitional Living Center	Employer identification number 27-0865318
--	--

Form 990, Part VI, Section B, line 11b:

The CEO emails the Borad for review of 990

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is reissued every year. Board members with conflicts of interest are recused from the discussions of the conflicting subject. Governing documents like conflict of interest can be found in GuideStar and ECFA.

Form 990, Part VI, Section C, Line 18:

ECTLC makes its forms 1023 and 990 available to the public upon request.

Form 990, Part VI, Section C, Line 19:

The organization will provide the governing documents, policies and financial statements to any person who requests this information in writing. This information can be obtained in the form of PDF documents. A quarterly newsletter is issued.

Form 990, Part XII, line 2c.

There has been no change in the oversight process this year.

FORM 990, PART VI, LINE 15A

ALL BOARD MEMBERS ARE VOLUNTEERS AND ARE NOT COMPENSATED EXCEPT FOR THE CEO. THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Other														
12	2007 DODGE RAM 1500 ECTLC	06/03/17	SL	5.00		16	16738.				16738.	16738.		0.	16738.
13	2014 KIA SEDONA 36431	08/01/17	SL	5.00		16	20000.				20000.	20000.		0.	20000.
	* 990 Page 10 Total Other						36738.				36738.	36738.		0.	36738.
	Furniture & Fixtures														
16	SPCNS BLACK TRAILOR	07/12/19	SL	5.00		16	100.				100.	69.		15.	84.
17	HYUNDAI TIBRON	08/07/19	SL	5.00		16	1200.				1200.	817.		175.	992.
	* 990 Page 10 Total Furniture & Fixtures						1300.				1300.	886.		190.	1076.
	Other														
1	2002 FORD VAN MTC 61030	10/01/09	SL	5.00		16	3645.				3645.	3645.		0.	3645.
2	1998 FORD F150 BLVD	12/31/09	SL	5.00		16	1650.				1650.	1650.		0.	1650.
3	1997 FORD SD FB ECTLC	11/28/11	SL	5.00		16	6210.				6210.	6210.		0.	6210.
4	2005 DODGE RAM MTC	10/19/12	SL	5.00		16	11879.				11879.	11879.		0.	11879.
5	1998 CHEVY 3500 FB ECTLC	12/31/13	SL	5.00		16	4500.				4500.	4500.		0.	4500.
6	2000 FORD VAN ECTLC 84830	11/06/14	SL	5.00		16	1500.				1500.	1500.		0.	1500.
7	POWERWASH TRAILER ECTLC 1	01/01/15	SL	5.00		16	2000.				2000.	2000.		0.	2000.
8	1991 CHEVY 2500 MTC 20227	09/01/15	SL	5.00		16	1500.				1500.	1500.		0.	1500.
9	2016 JEEP PATRIOT 77248	03/01/17	SL	5.00		16	16500.				16500.	16500.		0.	16500.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	2018 TRAILER 84511	03/01/17	SL	5.00		16	4965.				4965.	4965.		0.	4965.
11	2007 FORD VAN 42224	05/01/17	SL	5.00		16	9987.				9987.	9987.		0.	9987.
14	1995 FORD VAN 6TZN432	03/08/18	SL	5.00		16	4250.				4250.	4096.		620.	4716.
15	2006 FORD VAN 5NQV882	03/08/18	SL	5.00		16	4250.				4250.	4096.		620.	4716.
18	2006 F350	09/13/19	SL	5.00		16	10600.				10600.	6999.		1547.	8546.
19	2010 UTILITY BOX TRAILOR	09/16/19	SL	5.00		16	3500.				3500.	2305.		511.	2816.
20	1994 FORD VAN	09/17/19	SL	5.00		16	1750.				1750.	1152.		255.	1407.
21	2006 F350 DUALY	10/02/19	SL	5.00		16	10670.				10670.	6934.		2134.	9068.
22	1994 HONDA MAG MORTOR CYC	12/31/19	SL	5.00		16	1850.				1850.	1111.		370.	1481.
23	2006 NISSAN ALTIMA	06/30/20	SL	5.00		16	1141.				1141.	571.		228.	799.
24	2006 HYAUNDAI (DONATED)	07/09/20	SL	5.00		16	2600.				2600.	1289.		520.	1809.
25	2005 CHRYSLER 300	08/25/21	SL	5.00		16	5789.				5789.	1564.		1158.	2722.
26	SHOWER TRAILOR	08/28/20	SL	5.00		16	40000.				40000.	18740.		8000.	26740.
27	1990 FORD F700 FB	10/08/20	SL	5.00		16	5000.				5000.	2230.		1000.	3230.
28	2006 FORD F350 4X4 TRUCK	12/22/20	SL	5.00		16	12800.				12800.	5183.		2560.	7743.
29	2006 FORD E350 VAN	12/22/20	SL	5.00		16	550.				550.	223.		110.	333.
30	2007 CHRYSLER (6SUL998)	10/09/21	SL	5.00		16	2000.				2000.	491.		400.	891.
31	2020 HONDA ODYSSEY 8RFL372	11/16/21	SL	5.00		16	43084.				43084.	9679.		8617.	18296.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	Purchase of Vermeer VC 1000 Chipper	12/27/22	SL	5.00		16	35000.				35000.	77.		0.	77.
33	KITCHEN	06/19/13	SL	7.00		16	12000.				12000.	12000.		0.	12000.
34	BUNK	12/31/13	SL	7.00		16	10000.				10000.	10000.		0.	10000.
35	FURNITURE	12/31/13	SL	7.00		16	3154.				3154.	3154.		0.	3154.
36	STORAGE CONTAINER	12/31/13	SL	7.00		16	2000.				2000.	2000.		0.	2000.
37	DFW MOTEL SUPPLY & TEXTIL	01/19/16	SL	7.00		16	2141.				2141.	2127.		14.	2141.
38	FURNITURE - MAIN PROPERTY	06/30/21	SL	7.00		16	27310.				27310.	5868.		3901.	9769.
39	Bunkbeds X 8 w/mattresses for room renovations	01/05/22	SL	7.00		16	5328.				5328.	751.		761.	1512.
40	10 frigs for room remodels	03/02/22	SL	7.00		16	1672.				1672.	199.		199.	398.
41	10 bunkbeds with mattresses (room renovation)	03/15/22	SL	7.00		16	6760.				6760.	770.		805.	1575.
42	4 Bunk beds/2 twin mattresses and 8 full mattr	06/02/22	SL	7.00		16	2890.				2890.	240.		241.	481.
43	Room Renovation-6 bunk beds with mattresses	07/27/22	SL	7.00		16	4716.				4716.	290.		281.	571.
44	walk-in freezer	08/01/22	SL	7.00		16	16252.				16252.	967.		967.	1934.
45	3 bunk beds with mattresses/4 full mattresses	09/29/22	SL	7.00		16	2867.				2867.	104.		102.	206.
46	6 bunk beds, 6 full mattresses, 6 twin mattr	10/20/22	SL	7.00		16	5016.				5016.	141.		119.	260.
47	6 bunk beds/12 mattresses	12/05/22	SL	7.00		16	5016.				5016.	51.		60.	111.
48	Walk-in freezer project	12/14/22	SL	7.00		16	10675.				10675.	71.		127.	198.
49	ROOM AIR CONDITIONERS	03/12/12	SL	7.00		16	30000.				30000.	30000.		0.	30000.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	ROOM AIR CONDITIONERS 2	12/31/13	SL	7.00		16	30000.				30000.	30000.		0.	30000.
51	DULZURA REMODEL 1	12/31/13	SL	39.00	MM	16	32581.				32581.	7523.		835.	8358.
52	DULZURA REMODEL 2 - JOHN	12/31/13	SL	39.00	MM	16	5170.				5170.	1194.		133.	1327.
53	DULZURA REMODEL 3	12/31/13	SL	39.00	MM	16	4657.				4657.	1075.		119.	1194.
54	DULZURA REMODEL 4	02/07/14	SL	39.00	MM	16	10605.				10605.	2420.		272.	2692.
55	DULZURA KITCHEN FIRE SUPP	10/03/17	SL	39.00	MM	16	6486.				6486.	873.		166.	1039.
56	SOLAR PANELS AT 1523 E MA	11/29/17	SL	5.00		16	15000.				15000.	15000.		0.	15000.
57	WATER HEATER	02/06/18	SL	5.00		16	6800.				6800.	6666.		134.	6800.
58	SOLAR PANALS	02/16/18	SL	5.00		16	197715.				197715.	192731.		4984.	197715.
59	FENCING - MAIN PROP	06/08/20	SL	7.00		16	55850.				55850.	20460.		7979.	28439.
60	MEN'S CTR ROOFING	07/20/20	SL	39.00	MM	16	20600.				20600.	1294.		528.	1822.
61	Flooring, counters, sinks, rooms 240, 239, 238	01/04/22	SL	7.00		16	1800.				1800.	254.		257.	511.
62	lumber for 5 rms/framing/drywall/insulati	01/05/22	SL	7.00		16	10840.				10840.	1527.		1549.	3076.
63	New flooring room renovation	01/21/22	SL	7.00		16	1617.				1617.	218.		212.	430.
64	framing/insulation/drywall room #239	01/27/22	SL	7.00		16	2710.				2710.	359.		355.	714.
65	sink/lights/mirrors/floor room renovation	03/02/22	SL	7.00		16	2413.				2413.	287.		287.	574.
66	Room remodel (ceiling, counters, floors, sinks, doo	03/30/22	SL	7.00		16	3727.				3727.	403.		399.	802.
67	Final payment for guard rail project	06/20/22	SL	7.00		16	25000.				25000.	1898.		1786.	3684.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	Room Renovation	06/23/22	SL	7.00		16	3504.				3504.	262.		250.	512.
69	install electrical circuits 243/244/245	08/15/22	SL	7.00		16	2522.				2522.	136.		150.	286.
70	A/C Units x10	09/01/22	SL	5.00		16	14289.				14289.	947.		953.	1900.
71	Framing & insulation labor/materials for rooms 25	09/16/22	SL	7.00		16	6750.				6750.	280.		241.	521.
72	Installation of drywall & material	09/21/22	SL	7.00		16	3410.				3410.	135.		122.	257.
73	Flooring, counter tops, sinks, baseboard	09/22/22	SL	7.00		16	2983.				2983.	117.		107.	224.
74	flooring, baseboard, counter top, sink, faucets (rooms 23	10/05/22	SL	7.00		16	2223.				2223.	76.		79.	155.
75	materials, labor, and framing for rooms 232, 255,	10/12/22	SL	7.00		16	9000.				9000.	282.		321.	603.
76	paint/counters/sinks/mirrors /facuets rms 255, 282, 283,	10/13/22	SL	7.00		16	2132.				2132.	66.		76.	142.
77	hang, tape, and texture/labor and materials	10/14/22	SL	7.00		16	5000.				5000.	153.		179.	332.
78	Sinks, counters, flooring, mirrors, blinds for rooms 28	11/04/22	SL	7.00		16	3919.				3919.	87.		93.	180.
79	framing, insulation, drywall of ceilings for labor and ma	11/09/22	SL	7.00		16	10500.				10500.	214.		250.	464.
80	Walkway ceiling reinforcement & damaged lumb	11/18/22	SL	7.00		16	2000.				2000.	34.		24.	58.
81	flooring for CO-OP room	12/20/22	SL	7.00		16	2134.				2134.	9.		0.	9.
82	CISSEL DRYER 75 LB.	03/21/13	SL	7.00		16	4825.				4825.	4825.		0.	4825.
83	WOOD CHIPPER	12/31/13	SL	7.00		16	9842.				9842.	9842.		0.	9842.
84	FREEZER	12/31/13	SL	7.00		16	13315.				13315.	13315.		0.	13315.
85	FREEZER INSTALLATION	12/31/13	SL	7.00		16	3402.				3402.	3402.		0.	3402.

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	LAWN MOWER	12/31/13	SL	7.00		16	5281.				5281.	5281.		0.	5281.
87	FREEZER	02/24/14	SL	7.00		16	2200.				2200.	2200.		0.	2200.
88	COMPUTER - DON TENDVAHL	03/11/14	SL	7.00		16	2505.				2505.	2505.		0.	2505.
89	DRUM CHIPPER REPLACEMENT	05/13/21	SL	5.00		16	7669.				7669.	2509.		1534.	4043.
90	WALK IN FREEZER COMPRESSOR	08/31/21	SL	5.00		16	3200.				3200.	854.		640.	1494.
91	COMPUTER - HAROLD	12/14/21	SL	5.00		16	2781.				2781.	582.		556.	1138.
92	WATER HEATER - KITCHEN	07/16/21	SL	5.00		16	2294.				2294.	670.		459.	1129.
	* 990 Page 10 Total Other						958218.				958218.	532774.		62256.	595030.
	* 990 Page 10 Total -						996256.				996256.	570398.		62446.	632844.
	* Grand Total 990 Page 10 Depr						996256.				996256.	570398.		62446.	632844.
	Current Year Activity														
	Beginning balance						781591.			0.	781591.	558993.			610087.
	Acquisitions						214665.			0.	214665.	11405.			22757.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						996256.			0.	996256.	570398.			632844.
	Ending accum depr											632844.			
	Ending book value											363412.			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

East County Transitional Living Center
1527 E. Main St.
El Cajon, CA 92021

Prepared By:

Swenson Advisors, LLP
25220 Hancock Ave., Suite 240
Murrieta, CA 92562

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0.00
Less: payments and credits	\$	0.00
Plus: other amount	\$	0.00
Plus: interest and penalties	\$	0.00
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0.00
Other amount	\$	0.00
Refunded to you	\$	0.00

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

East County Transitional Living Center
1527 E. Main St.
El Cajon, CA 92021

Prepared By:

Swenson Advisors, LLP
25220 Hancock Ave., Suite 240
Murrieta, CA 92562

Amount of Tax:

Balance due of \$400.00

Make Check Payable To:

Department of Justice

Mail Tax Return To:

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

Return must be mailed on or before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **EAST COUNTY TRANSITIONAL LIVING CENTER**

California corporation number: **3223355**

FEIN: **27-0865318**

Street address (suite or room): **1527 E. MAIN ST.**

City: **EL CAJON** State: **CA** ZIP code: **92021**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1423651	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	5608879	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	7032530	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	7032530	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	7098420	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-65890	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: _____ Title: **CEO** Date: _____ Telephone: _____

Paid Preparer's Use Only
Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00749825**
Firm's name (or yours, if self-employed) and address: **SWENSON ADVISORS, LLP
25220 HANCOCK AVE., SUITE 240
MURRIETA, CA 92562** Firm's FEIN: **33-0810710** Telephone: **951-445-4700**

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

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

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	46586	00	
	2	Interest	•	2	107	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income SEE STATEMENT 3	•	7	1376958	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	1423651	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	98835	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	126713	00	
	12	Other salaries and wages	•	12	1052644	00	
	Expenses and Disbursements	13	Interest	•	13	13944	00
		14	Taxes	•	14		00
		15	Rents	•	15	96652	00
		16	Depreciation and depletion (See instructions)	•	16	89063	00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	5620569	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	7098420	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		572838		457900
2 Net accounts receivable		69503		74446
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	1517946		1513566	
b Less accumulated depreciation	(475376)	1042570	(520049)	993517
11 Land		188000		
12 Other assets STMT 6		37958		686444
13 Total assets		1910869		2212307
Liabilities and net worth				
14 Accounts payable		67242		160535
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		340036		614071
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1503591		1437701
22 Total liabilities and net worth		1910869		2212307

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	-65890	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6 Total. Add line 1 through line 5		-65890		-65890

CA 199

Cash Contributions
Included on Part I, Line 3

Statement 1

Contributor's Name	Contributor's Address	Date of Gift	Amount
3-H Foundation	7840 El Cajon Blvd 306 La mesa, CA 91942		5000.
A&D Logistics	13080 Hwy 8 Business El Cajon, CA 92021		8100.
All State Inc (Del Mar Fair)	2120 Jimmy Durante Blvd Ste 104 del mar, CA 92014		12090.
Allison Cummings	Pending El Cajon, CA 92021		15000.
Barbara Preston	Pending El Cajon, CA 92021		16400.
Bleckers (March 31st Gala)	Pending El Cajon, CA 92021		5000.
Cal Foundation for Stronger Communities	2111 Palomar Airport Rd 320 carlsbad, CA 92011		60000.
Catholic Community Foundation (To place funds donated for Veg Man use until n	4747 Morena Blvd #300 san diego, CA 92117		50000.
Chipper	Pending El Cajon, CA 92021		5750.
Christ Luthern Church Ministries	7929 La Mesa Boulevard la mesa, CA 91942		22000.
Christian Developement Foundation	505 LOMAS SANTA FE DR STE 200 solana beach, CA 92075		40000.
Christian Development (Spencer)	505 LOMAS SANTA FE DR STE 200 solana beach, CA 92075		20000.
counseling services (Chales Long) first quarter	5480 Baltimore Suite 202 la mesa, CA 91942		12780.
Counseling services 4th qrt (Charles Long)	5480 Baltimore Suite 202 la mesa, CA 91942		12780.

East County Transitional Living Center27-0865318

Counseling services second qrt	5480 Baltimore Suite 202 la mesa, CA 91942	12780.
Counseling servicing Qrtly (Charles Long)	5480 Baltimore Suite 202 la mesa, CA 91942	12780.
Cushmon	Pending El Cajon, CA 92021	32671.
David Copley Foundation	Pending El Cajon, CA 92021	5750.
David Hamilton	Pending El Cajon, CA 92021	50000.
Downtown El Cajon Business Partners	Pending El Cajon, CA 92021	16000.
East County Posse	Pending El Cajon, CA 92021	45357.
Edwin Collins Jr	Pending El Cajon, CA 92021	5000.
El Cajon Rotary	Pending El Cajon, CA 92021	14600.
Endersmart by way of Hamann	Pending El Cajon, CA 92021	9620.
facebook	Pending El Cajon, CA 92021	12393.
Foothills Christian Ministries	Pending El Cajon, CA 92021	15000.
FRP	Pending El Cajon, CA 92021	7125.
Funds utilized in the month of May from Cushmon out of the original \$50,000	Pending El Cajon, CA 92021	7821.
Greg Brown Jr	Pending El Cajon, CA 92021	8500.
Greg Hamann	Pending El Cajon, CA 92021	50350.
Hamman	Pending El Cajon, CA 92021	29670.
Hammann	Pending El Cajon, CA 92021	98289.
HUD/CDBG	Pending El Cajon, CA 92021	227236.
IRC	Pending El Cajon, CA 92021	10900.
Issa Family Foundation	Pending El Cajon, CA 92021	10000.

East County Transitional Living Center27-0865318

Jeff Hamann	Pending El Cajon, CA 92021	50000.
Jeffrey and Jody Bradley	Pending El Cajon, CA 92021	25000.
Jerome Navarra	Pending El Cajon, CA 92021	5000.
John & Elanine Baker	Pending El Cajon, CA 92021	5200.
John & Julie Gibson (Septic Repair Fund MTC)	Pending El Cajon, CA 92021	10000.
John and Grayle Blecker	Pending El Cajon, CA 92021	6000.
John Baker	Pending El Cajon, CA 92021	5000.
John Lavoy	Pending El Cajon, CA 92021	5332.
Lawrance & Sharon Klein	Pending El Cajon, CA 92021	5000.
LB Foundation	Pending El Cajon, CA 92021	50000.
Luke Gibson (sponsorship)	Pending El Cajon, CA 92021	5000.
March 31st Gala Dinner	Pending El Cajon, CA 92021	10000.
Marilee Fishbeck	Pending El Cajon, CA 92021	7500.
Marion Stovall	Pending El Cajon, CA 92021	5860.
Mark & Maria Allan	Pending El Cajon, CA 92021	5000.
Maurice Ortega (East County Posse)	Pending El Cajon, CA 92021	20000.
Melissa & Wilson Alvarez (To place funds donated for FRM use until needed to	Pending El Cajon, CA 92021	18500.
Michelle/Mel Oberst	Pending El Cajon, CA 92021	7500.
Mike Gay	Pending El Cajon, CA 92021	49511.
Molina Sponsorship Concert	Pending El Cajon, CA 92021	15000.

East County Transitional Living Center

27-0865318

Paul Nanney	Pending El Cajon, CA 92021	15000.
Paymode Blueshield	Pending El Cajon, CA 92021	
Thanksgiving Ask		5000.
paypal	Pending El Cajon, CA 92021	7109.
pcg	Pending El Cajon, CA 92021	19980.
People per Hour	Pending El Cajon, CA 92021	64443.
Perry Durning	Pending El Cajon, CA 92021	10000.
Railing from CDBG	Pending El Cajon, CA 92021	25000.
Rise City Church	Pending El Cajon, CA 92021	25000.
Shadow Mountain Community Church	Pending El Cajon, CA 92021	10000.
Shinene Johnson (Shinenes Room Dedication)	Pending El Cajon, CA 92021	5500.
Steven Urry Soren	Pending El Cajon, CA 92021	7000.
stripe	Pending El Cajon, CA 92021	117861.
Suggested Donation	Pending El Cajon, CA 92021	67550.
Sycuan	Pending El Cajon, CA 92021	15000.
Timothy & Elizabeth Gossilen	Pending El Cajon, CA 92021	5438.
Valerie Medina	Pending El Cajon, CA 92021	8290.
Wash	Pending El Cajon, CA 92021	7061.
William Marchant	Pending El Cajon, CA 92021	6000.
William Tachanty	Pending El Cajon, CA 92021	20000.
Total included on line 3		<u>1718377.</u>

CA 199 NonCash Contributions Statement 2
 Included on Part I, Line 3

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
2204 Chicago Street	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	6680.	6680.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
7th Day Adventist Church	1650 E Madison Ave El Cajon, CA 92019		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	23225.	23225.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Albertson's Fletcher Parkway	8920 Fletcher Pkwy La MEsa, CA 91942		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	530644.	530644.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Amazon - Feeding San Diego	9477 Waples St #100 San diego, CA 92121		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	153506.	153506.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Amazon - Pickup	9477 Waples St #100 San diego, CA 92121		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	619651.	619651.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Anonymous, Anonymous	Non applicable El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	42490.	42490.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Brown Jr., Greg	Unkown El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	8500.	8500.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Buckboards BBQ	975 Greenfield Dr El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	14137.	14137.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Cajon Valley School District	750 E. Main St El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	137226.	137226.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Costco	101 TOWN CENTER PKWY Sanree, CA 92071		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	33818.	33818.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
CVSD	750 E. Main St El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	5453.	5453.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
EJE Academics Charter School	851 S Johnson Ave El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	128732.	128732.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
El Cajon School District	750 E. Main St El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	7131.	7131.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Feeding San Diego	9477 Waples St #100 San Diego, CA 92121		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	394075.	394075.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Grossmont High School	1100 Murray Dr El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	6291.	6291.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Halcyon	1664 Broadway El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	21986.	21986.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Hamann Property Management	1000 Pioneer Way El Cajon, CA 92020		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	9690.	9690.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jerome's Furniture	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	16752.	16752.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
KFC	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	39855.	39855.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Mary's Donuts	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	32707.	32707.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Meridian Southern Baptist Church	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	54965.	54965.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Noble, Mary	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	11420.	11420.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Panera Bread	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	7265.	7265.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Pizza Hut	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	5052.	5052.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Rady's Hospital	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	136948.	136948.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Rancho Bernardo Hospital	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	6680.	6680.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Restaurant Depot	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	92025.	92025.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Ruiz, Juan	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	13750.	13750.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Shadow Mountain Church	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	18698.	18698.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Smart & Final Fletcher Parkway	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	210203.	210203.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Target Corporation C/O CyberGrants, LLC	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	24215.	24215.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Tazz's Tree Service	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	11000.	11000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Tenet, Dan	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	88000.	88000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Thrift Korral	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	86315.	86315.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Valhalla High Scool	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	20249.	20249.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Walmart Neighborhood Market	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	174983.	174983.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Walmart Parkway Plaza #3524	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	12969.	12969.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Zero Rez	Pending El Cajon, CA 92021		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Food and General Donation	12/31/22	10020.	10020.
Total included on line 3		<u>3217306.</u>	<u>3217306.</u>

<u>CA 199</u>	<u>Other Income</u>	<u>Statement 3</u>
<u>Description</u>	<u>Amount</u>	
EBT	48605.	
Work Therapy	556396.	
Emergency Shelter	227236.	
All other programs	544721.	
Total to Form 199, Part II, line 7	<u>1376958.</u>	

CA 199 Compensation of Officers, Directors and Trustees Statement 4

Name and Address	Title and Average Hrs Worked/Wk	Compensation
ivan andujar 1527 E. Main St. El Cajon, CA 92021	interim CEO 40.00	0.
Michael Branch 1527 E. Main St. El Cajon, CA 92021	CEO 40.00	0.
Harold Brown 1527 E. Main St. El Cajon, CA 92021	CEO 40.00	0.
GREG BROWN 1527 E. Main St. El Cajon, CA 92021	board member 1.00	0.
TIM CORCORAN 1527 E. Main St. El Cajon, CA 92021	Secretary 1.00	0.
JOEL SANDERS 1527 E. Main St. El Cajon, CA 92021	board member 1.00	0.
CHARLES LONG 1527 E. Main St. El Cajon, CA 92021	board member 1.00	0.
NIKKI CARAVEO 1527 E. Main St. El Cajon, CA 92021	TREASURER 1.00	0.

East County Transitional Living Center

27-0865318

DEBORAH BOYE 1527 E. Main St. El Cajon, CA 92021	BOard member 1.00	0.
--	----------------------	----

ROBERT WHITELOW 1527 E. Main St. El Cajon, CA 92021	Board member 1.00	0.
---	----------------------	----

JIM ROBINSON 1527 E. Main St. El Cajon, CA 92021	CHAIR 1.00	0.
--	---------------	----

BARBARA PRESTON 1527 E. Main St. El Cajon, CA 92021	VICE CHAIR 1.00	0.
---	--------------------	----

Total to Form 199, Part II, line 11		<u>0.</u>
-------------------------------------	--	-----------

<u>CA 199</u>	<u>Other Expenses</u>	<u>Statement 5</u>
---------------	-----------------------	--------------------

<u>Description</u>	<u>Amount</u>
In kind donations of fo	4344046.
Program	163371.
Other	44057.
Bad Debt	30900.
Office expenses	666340.
Travel	236117.
Insurance	135002.
All other expenses	736.
Total to Form 199, Part II, line 17	<u>5620569.</u>

<u>CA 199</u>	<u>Other Assets</u>	<u>Statement 6</u>
---------------	---------------------	--------------------

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges	37958.	38129.
Right of Use assets operatin leases	0.	222313.
Roigh of use assets finance leases	0.	426002.
Total to Form 199, Schedule L, line 12	<u>37958.</u>	<u>686444.</u>

CA 199

Other Liabilities

Statement 7

Description	Beg. of Year	End of Year
Capital leas obligation	334827.	0.
cash held in trust for others	5209.	0.
Lease Liabilities	0.	610808.
Cash Held in trust for others	0.	3263.
Total to Form 199, Schedule L, line 18	340036.	614071.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 27-0865318

Corporation name

California corporation number

EAST COUNTY TRANSITIONAL LIVING CENTER

3223355

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	996256.	558993.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	62446

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	62446
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	62446
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885

Depreciation

Statement 8

Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
1 2002 FORD VAN MTC 61030	10/01/09	3645.	3645.	SL	5.00	0.	
2 1998 FORD F150 BLVD	12/31/09	1650.	1650.	SL	5.00	0.	
3 1997 FORD SD FB ECTLC	11/28/11	6210.	6210.	SL	5.00	0.	
4 2005 DODGE RAM MTC	10/19/12	11879.	11879.	SL	5.00	0.	
5 1998 CHEVY 3500 FB ECTLC	12/31/13	4500.	4500.	SL	5.00	0.	
6 2000 FORD VAN ECTLC 84830	11/06/14	1500.	1500.	SL	5.00	0.	
7 POWERWASH TRAILER ECTLC 1	01/01/15	2000.	2000.	SL	5.00	0.	
8 1991 CHEVY 2500 MTC 20227	09/01/15	1500.	1500.	SL	5.00	0.	
9 2016 JEEP PATRIOT 77248	03/01/17	16500.	16500.	SL	5.00	0.	
10 2018 TRAILER 84511	03/01/17	4965.	4965.	SL	5.00	0.	
11 2007 FORD VAN 42224	05/01/17	9987.	9987.	SL	5.00	0.	
12 2007 DODGE RAM 1500 ECTLC	06/03/17	16738.	16738.	SL	5.00	0.	
13 2014 KIA SEDONA 36431	08/01/17	20000.	20000.	SL	5.00	0.	
14 1995 FORD VAN 6TZN432	03/08/18	4250.	4096.	SL	5.00	620.	
15 2006 FORD VAN 5NQV882	03/08/18	4250.	4096.	SL	5.00	620.	
16 SPCNS BLACK TRAILOR	07/12/19	100.	69.	SL	5.00	15.	
17 HYUNDAI TIBRON	08/07/19	1200.	817.	SL	5.00	175.	
18 2006 F350	09/13/19	10600.	6999.	SL	5.00	1547.	
19 2010 UTILITY BOX TRAILOR	09/16/19	3500.	2305.	SL	5.00	511.	
20 1994 FORD VAN	09/17/19	1750.	1152.	SL	5.00	255.	
21 2006 F350 DUALY	10/02/19	10670.	6934.	SL	5.00	2134.	
22 1994 HONDA MAG MORTOR CYC	12/31/19	1850.	1111.	SL	5.00	370.	
23 2006 NISSAN ALTIMA	06/30/20	1141.	571.	SL	5.00	228.	
24 2006 HYAUNDAI (DONATED)	07/09/20	2600.	1289.	SL	5.00	520.	
25 2005 CHRYSLER 300	08/25/21	5789.	1564.	SL	5.00	1158.	
26 SHOWER TRAILOR	08/28/20	40000.	18740.	SL	5.00	8000.	
27 1990 FORD F700 FB	10/08/20	5000.	2230.	SL	5.00	1000.	

28	2006 FORD F350 4X4 TRUCK						
	12/22/20	12800.	5183.	SL	5.00	2560.	
29	2006 FORD E350 VAN						
	12/22/20	550.	223.	SL	5.00	110.	
30	2007 CHRYSLER (6SUL998)						
	10/09/21	2000.	491.	SL	5.00	400.	
31	2020 HONDA ODYSSEY 8RFL372						
	11/16/21	43084.	9679.	SL	5.00	8617.	
32	Purchase of Vermeer VC 1000 Chipper						
	12/27/22	35000.		SL	5.00	0.	
33	KITCHEN						
	06/19/13	12000.	12000.	SL	7.00	0.	
34	BUNK						
	12/31/13	10000.	10000.	SL	7.00	0.	
35	FURNITURE						
	12/31/13	3154.	3154.	SL	7.00	0.	
36	STORAGE CONTAINER						
	12/31/13	2000.	2000.	SL	7.00	0.	
37	DFW MOTEL SUPPLY & TEXTIL						
	01/19/16	2141.	2127.	SL	7.00	14.	
38	FURNITURE - MAIN PROPERTY						
	06/30/21	27310.	5868.	SL	7.00	3901.	
39	Bunkbedsd X 8 w/mattresses for room renovations						
	01/05/22	5328.		SL	7.00	761.	
40	10 frigs for room remodels						
	03/02/22	1672.		SL	7.00	199.	
41	10 bunkbeds with mattresses (room renovation)						
	03/15/22	6760.		SL	7.00	805.	
42	4 Bunk beds/2 twin mattresses and 8 full mattresses-finish mrooms 24						
	06/02/22	2890.		SL	7.00	241.	
43	Room Renovation-6 bunk beds with mattresses						
	07/27/22	4716.		SL	7.00	281.	
44	walk-in freezer						
	08/01/22	16252.		SL	7.00	967.	
45	3 bunk beds with mattresses/4 full mattresses/3 twin mattresses						
	09/29/22	2867.		SL	7.00	102.	
46	6 bunk beds, 6 full mattresses, 6 twin mattresses						
	10/20/22	5016.		SL	7.00	119.	
47	6 bunk beds/12 mattresses						
	12/05/22	5016.		SL	7.00	60.	
48	Walk-in freezer project						
	12/14/22	10675.		SL	7.00	127.	
49	ROOM AIR CONDITIONERS						
	03/12/12	30000.	30000.	SL	7.00	0.	
50	ROOM AIR CONDITIONERS 2						
	12/31/13	30000.	30000.	SL	7.00	0.	
51	DULZURA REMODEL 1						
	12/31/13	32581.	7523.	SL	39.00	835.	
52	DULZURA REMODEL 2 - JOHN						
	12/31/13	5170.	1194.	SL	39.00	133.	
53	DULZURA REMODEL 3						
	12/31/13	4657.	1075.	SL	39.00	119.	
54	DULZURA REMODEL 4						
	02/07/14	10605.	2420.	SL	39.00	272.	
55	DULZURA KITCHEN FIRE SUPP						
	10/03/17	6486.	873.	SL	39.00	166.	
56	SOLAR PANELS AT 1523 E MA						
	11/29/17	15000.	15000.	SL	5.00	0.	
57	WATER HEATER						
	02/06/18	6800.	6666.	SL	5.00	134.	

58 SOLAR PANALS	02/16/18	197715.	192731.	SL	5.00	4984.
59 FENCING - MAIN PROP	06/08/20	55850.	20460.	SL	7.00	7979.
60 MEN'S CTR ROOFING	07/20/20	20600.	1294.	SL	39.00	528.
61 Flooring, counters, sinks, rooms	01/04/22	1800.	240, 239, 238	SL	7.00	257.
62 lumber for 5 rms/framing/drywall/insulation for 4 rms #'s	01/05/22	10840.	234, 235,	SL	7.00	1549.
63 New flooring room renovation	01/21/22	1617.		SL	7.00	212.
64 framing/insulation/drywall room #239	01/27/22	2710.		SL	7.00	355.
65 sink/lights/mirrors/floor room renovation	03/02/22	2413.		SL	7.00	287.
66 Room remodel (ceiling, counters, floors, sinks, doors	03/30/22	3727.		SL	7.00	399.
67 Final payment for guard rail project	06/20/22	25000.		SL	7.00	1786.
68 Room Renovation	06/23/22	3504.		SL	7.00	250.
69 install electrical circuits 243/244/245	08/15/22	2522.		SL	7.00	150.
70 A/C Units x10	09/01/22	14289.		SL	5.00	953.
71 Framing & insulation labor/materials for rooms	09/16/22	6750.	252, 270, 300	SL	7.00	241.
72 Installation of drywall & material	09/21/22	3410.		SL	7.00	122.
73 Flooring, counter tops, sinks, baseboard	09/22/22	2983.		SL	7.00	107.
74 flooring, baseboard, counter top, sink, faucets (rooms	10/05/22	2223.	238, 239, 223	SL	7.00	79.
75 materials, labor, and framing for rooms	10/12/22	9000.	232, 255, 282, and 283	SL	7.00	321.
76 paint/counters/sinks/mirrors/facuets rms	10/13/22	2132.	255, 282, 283, 232	SL	7.00	76.
77 hang, tape, and texture/labor and materials rooms	10/14/22	5000.	232, 255, 282, and	SL	7.00	179.
78 Sinks, counters, flooring, mirrors, blinds for rooms	11/04/22	3919.	284, 285, and 2	SL	7.00	93.
79 framing, insulation, drywall of ceilings for labor and materials in	11/09/22	10500.		SL	7.00	250.
80 Walkway ceiling reinforcement & damaged lumber replacement (202-204)	11/18/22	2000.		SL	7.00	24.
81 flooring for CO-OP room	12/20/22	2134.		SL	7.00	0.
82 CISSEL DRYER 75 LB.	03/21/13	4825.	4825.	SL	7.00	0.
83 WOOD CHIPPER	12/31/13	9842.	9842.	SL	7.00	0.
84 FREEZER	12/31/13	13315.	13315.	SL	7.00	0.
85 FREEZER INSTALLATION	12/31/13	3402.	3402.	SL	7.00	0.
86 LAWN MOWER	12/31/13	5281.	5281.	SL	7.00	0.
87 FREEZER	02/24/14	2200.	2200.	SL	7.00	0.

East County Transitional Living Center

27-0865318

88 COMPUTER - DON TENDVAHL 03/11/14	2505.	2505. SL	7.00	0.
89 DRUM CHIPPER REPLACEMENT 05/13/21	7669.	2509. SL	5.00	1534.
90 WALK IN FREEZER COMPRESSOR 08/31/21	3200.	854. SL	5.00	640.
91 COMPUTER - HAROLD 12/14/21	2781.	582. SL	5.00	556.
92 WATER HEATER - KITCHEN 07/16/21	2294.	670. SL	5.00	459.
Total to Form 3885	<u>996256.</u>	<u>558993.</u>		<u>62446.</u>

TAXABLE YEAR

2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
EAST COUNTY TRANSITIONAL LIVING CENTER	27-0865318

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	7032530
2 Total gross income (Form 199, line 8)	2	7032530
3 Total expenses and disbursements (Form 199, line 9)	3	7098420

Part II Settle Your Account Electronically for Taxable Year 2022

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	_____	_____	CEO
	Signature of officer	Date	Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00749825
Must Sign	Firm's name (or yours if self-employed) and address	SWENSON ADVISORS, LLP 25220 HANCOCK AVE., SUITE 240 MURRIETA, CA			Firm's FEIN 33-0810710 ZIP code 92562

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN ZIP code		

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>EAST COUNTY TRANSITIONAL LIVING CENTER</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>1527 E. MAIN ST.</u> Address (Number and Street)</p> <p><u>EL CAJON, CA 92021</u> City or Town, State, and ZIP Code</p> <p><u>619-442-0457</u> <u>VFLETCHER@ECTLC.ORG</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT0153985</u></p> <p>Corporation or Organization No. <u>3223355</u></p> <p>Federal Employer ID No. <u>27-0865318</u></p>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 7032530 Noncash Contributions \$ 4293417 Total Assets \$ 2212307
Program Expenses \$ 6285522 Total Expenses \$ 7098420

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

JULIE HAYDEN CEO
Signature of Authorized Agent Printed Name Title Date