

CLIENT 'S COPY

November 15, 2024

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

Dear Julie

Enclosed is the organization's 2023 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 on or before November 15, 2024 to:

Registry of Charities and Fundraisers
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, 2023

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

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

Do not send to the IRS. Keep for your records.**Go to www.irs.gov/Form8879TE for the latest information.****2023**

Name of filer

East County Transitional Living Center

EIN or SSN

27-0865318Name 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>7417173.</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 2023 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 2023 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 2023 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.

33705192562**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **11/15/24****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. East County Transitional Living Center	Taxpayer identification number (TIN) 27-0865318
	Number, street, and room or suite no. If a P.O. box, see instructions. 1527 E. Main St.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. El Cajon, CA 92021	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Dr. Julie Hayden**
1527 E. Main St. - El Cajon, CA 92021

Telephone No. **619-442-0457** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **23** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

1527 E. Main St.

Room/suite

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 \$**7417173.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **<https://ectlc.org/>****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2009** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	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.
	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 2023 (Part V, line 2a) 5 35
	6	Total number of volunteers (estimate if necessary) 6 0
	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) 5608879. 5104062.
	9	Program service revenue (Part VIII, line 2g) 1328353. 1706390.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 107. 240.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95191. 606481.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7032530. 7417173.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 98835. 4134182.
	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) 1179357. 1268494.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 62195.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5820228. 1901689.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7098420. 7304365.
	19	Revenue less expenses. Subtract line 18 from line 12 -65890. 112808.
	20	Total assets (Part X, line 16) 2212307. 2183389.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 774606. 632880.
	22	Net assets or fund balances. Subtract line 21 from line 20 1437701. 1550509.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Julie Hayden, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Scott Maxwell		11/15/24		P00749825
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	Swenson Advisors, LLP 25220 Hancock Ave., Suite 240 Murrieta, CA 92562	33-0810710	951-445-4700		

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

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

332001 12-21-23

Form **990** (2023)

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service AccomplishmentsCheck 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 43185. including grants of \$) (Revenue \$ 934117.)
Work TherapyIncome 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 \$ 312238.)
Emergency ShelterThe 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 \$ 6303798. including grants of \$ 4134182.) (Revenue \$ 1066517.)**4e** Total program service expenses 6346983.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f	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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	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 noncash 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 ComplianceCheck 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 4	
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)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

	1a	1b	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.	11			
b Enter the number of voting members included on line 1a, above, who are independent		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?		
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	
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?		

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
Dr. Julie Hayden - 619-442-0457
1527 E. Main St., El Cajon, CA 92021

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	22153.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5081909.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4089755.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a <u>Work Therapy</u>	Business Code	900099	934117.	934117.		
	b <u>All other programs</u>		900099	460035.	460035.		
	c <u>Emergency Shelter</u>		900099	312238.	312238.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1706390.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			240.		
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 \$ 22153. of contributions reported on line 1c). See Part IV, line 18		8a	-1.				
b Less: direct expenses		8b	0.				
c Net income or (loss) from fundraising events				-1.			-1.
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>Employment Retention C</u>	Business Code	900099	497652.	497652.		
	b <u>EBT</u>		900099	108830.	108830.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			606482.			
	12 Total revenue. See instructions			7417173.	2312872.	0.	239.

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4134182.	4134182.		
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	213233.	108493.	99485.	5255.
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	1055261.	536919.	492335.	26007.
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	764555.	726327.	38228.	
14 Information technology				
15 Royalties				
16 Occupancy	89188.	84729.	4459.	
17 Travel	288809.	279794.	9015.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	14407.	14407.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205231.	194969.	10262.	
23 Insurance	152295.	144680.	7615.	
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 Program	163301.	103453.	59848.	
b Other	158816.	19030.	139786.	
c Bad Debt	33890.		33890.	
d Fundraising	30933.			30933.
e All other expenses	264.		264.	
25 Total functional expenses. Add lines 1 through 24e	7304365.	6346983.	895187.	62195.
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 SheetCheck 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	350265.	1	272638.
	2 Savings and temporary cash investments	107635.	2	213083.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	74446.	4	130304.
	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	38129.	9	43924.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1688685.		
	b Less: accumulated depreciation	10b 708134.	10c	980551.
	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	648315.	15	542889.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2212307.	16	2183389.	
Liabilities	17 Accounts payable and accrued expenses	160535.	17	130811.
	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	614071.	25	502069.
	26 Total liabilities. Add lines 17 through 25	774606.	26	632880.
	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		1026952.	27	1429638.
28 Net assets with donor restrictions		410749.	28	120871.
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		1437701.	32	1550509.
33 Total liabilities and net assets/fund balances		2212307.	33	2183389.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	7417173.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7304365.
3	Revenue less expenses. Subtract line 2 from line 1	3	112808.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1437701.
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	1550509.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	<input checked="" type="checkbox"/>
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
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? _____	3a	<input checked="" type="checkbox"/>
b 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 _____	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

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.
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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).

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1616436.	3248302.	4316492.	5608879.	5081909.	19872018.
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	1616436.	3248302.	4316492.	5608879.	5081909.	19872018.
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.						19872018.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1616436.	3248302.	4316492.	5608879.	5081909.	19872018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22079.	27894.	21590.	9707.	240.	81510.
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						19953528.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.59	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.37	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
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? 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.		
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)? 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).		
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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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? 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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).		

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
East County Transitional Living Center	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	Hamann Property Mgmt 1000 Pioneer Way El Cajon, CA 92020-1923	\$ 131232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

East County Transitional Living Center**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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
East County Transitional Living Center	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

2023

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		448997.	11481.	437516.
c Leasehold improvements		750703.	390648.	360055.
d Equipment		231193.	101502.	129691.
e Other		257792.	204503.	53289.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				980551.

Schedule D (Form 990) 2023

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, line 12, col. (B))		

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, line 13, col. (B))		

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 asset	542889.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	542889.

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) LT Lease Liabilities	385084.
(3) Cash Held in trust for others	3264.
(4) ST Lease Liabilities	113721.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	502069.

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 ☒

Schedule D (Form 990) 2023

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	7707051.
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	508369.
e	Add lines 2a through 2d	2e	508369.
3	Subtract line 2e from line 1	3	7198682.
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	218491.
c	Add lines 4a and 4b	4c	218491.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7417173.

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	7304365.
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	7304365.
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	7304365.

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

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

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

2023

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** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

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))
		Dinner Silent Auction (event type)	Concert Auction (event type)		
Revenue	1 Gross receipts				
	2 Less: Contributions	7610.	14543.		22153.
	3 Gross income (line 1 minus line 2)	-7610.	-14543.		-22153.
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)				-22153.	

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				
Direct Expenses	2 Cash prizes				
	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 <i>(continued)</i>
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[illegible]

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

2023

Open to Public
Inspection

Name of the organization

East County Transitional Living Center

Part I General Information on Grants and Assistance

Employer identification number
27-0865318

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

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

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

Schedule I (Form 990) 2023

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.

(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 (book, FMV, appraisal, other)	(f) Description of noncash assistance
Gifts in-kind Food	0	0.	3160127.	Comparable cost estimate	Feeding the ones in need and housed families and individuals
Gifts in-kind General	0	0.	931746.	At cost	Clothing, blankets, necessities to housed families and individuals
Gifts in-kind Services	0	0.	22335.	Comparable cost estimate	Training, education, and job experience offered to members
Gifts in-kind Rent	0	0.	19974.	Comparable cost estimate	Emergency housing provided to families and individuals

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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		931746.	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		3115700.	Comparable cost esti
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Professional Se)	X	0	22335.	Comparable cost esti
26 Other (Rent release re)	X	0	19974.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

2023

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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 \$ 6303798. including grants of \$ 4134182. Revenue \$ 1066517.

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 Board 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.

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
				.000		HX16									
7	POWERWASH TRAILER ECTLC 1	01/01/15	SL	5.00		16	1968.				1968.	1968.		0.	1968.
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.
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.
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.
14	1995 FORD VAN 6TZN432	03/08/18	SL	5.00		16	4250.				4250.	4250.		0.	4250.
15	2006 FORD VAN 5NQV882	03/08/18	SL	5.00		16	4250.				4250.	4250.		0.	4250.
16	SPCNS BLACK TRAILOR	07/12/19	SL	5.00		16	100.				100.	89.		11.	100.
17	HYUNDAI TIBRON	08/07/19	SL	5.00		16	1200.				1200.	1057.		143.	1200.
18	2006 F350	09/13/19	SL	5.00		16	10600.				10600.	9119.		1481.	10600.
19	2010 UTILITY BOX TRAILOR	09/16/19	SL	5.00		16	3500.				3500.	3005.		495.	3500.
20	1994 FORD VAN	09/17/19	SL	5.00		16	1750.				1750.	1502.		248.	1750.
21	2006 F350 DUALLY	10/02/19	SL	5.00		16	10670.				10670.	9068.		1602.	10670.
22	1994 HONDA MAG MORTOR CYC	12/31/19	SL	5.00		16	1850.				1850.	1481.		369.	1850.
23	2006 NISSAN ALTIMA	06/30/20	SL	5.00		16	1141.				1141.	800.		228.	1028.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
24	2006 HYAUNDAI (DONATED)	07/09/20	SL	5.00		16	2600.				2600.	1809.		520.	2329.
25	2005 CHRYSLER 300	08/25/21	SL	5.00		16	5789.				5789.	2722.		1158.	3880.
26	SHOWER TRAILOR	08/28/20	SL	5.00		16	40000.				40000.	26740.		8000.	34740.
27	1990 FORD F700 FB	10/08/20	SL	5.00		16	5000.				5000.	3230.		1000.	4230.
28	2006 FORD F350 4X4 TRUCK	12/22/20	SL	5.00		16	12800.				12800.	7743.		2560.	10303.
29	2006 FORD E350 VAN	12/22/20	SL	5.00		16	550.				550.	333.		110.	443.
30	2007 CHRYSLER (6SUL998)	10/09/21	SL	5.00		16	2000.				2000.	891.		400.	1291.
31	2020 HONDA ODYSSEY 8RFL372	11/16/21	SL	5.00		16	43084.				43084.	18296.		8617.	26913.
32	Purchase of Vermeer VC 1000 Chipper	12/27/22	SL	5.00		16	35000.				35000.	7077.		7000.	14077.
34	DULZURA	01/01/23	SL	39.00		16	342965.				342965.	8770.		8794.	17564.
35	DULZURA + Dorms	01/01/23	SL	39.00		16	106032.				106032.	2711.		2719.	5430.
37	KITCHEN	06/19/13	SL	7.00		16	12000.				12000.	12000.		0.	12000.
38	BUNK	12/31/13	SL	7.00		16	10000.				10000.	10000.		0.	10000.
39	FURNITURE	12/31/13	SL	7.00		16	3154.				3154.	3154.		0.	3154.
40	STORAGE CONTAINER	12/31/13	SL	7.00		16	2000.				2000.	2000.		0.	2000.
41	DFW MOTEL SUPPLY & TEXTIL	01/19/16	SL	7.00		16	2141.				2141.	2141.		0.	2141.
42	FURNITURE - MAIN PROPERTY	06/30/21	SL	7.00		16	27310.				27310.	9770.		3901.	13671.
43	Bunkbeds X 8 w/mattresses for room renovations	01/05/22	SL	7.00		16	5328.				5328.	1512.		761.	2273.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
44	10 frigs for room remodels	03/02/22	SL	7.00		16	1672.				1672.	438.		239.	677.
45	10 bunkbeds with mattresses (room renovation)	03/15/22	SL	7.00		16	6760.				6760.	1736.		966.	2702.
46	4 Bunk beds/2 twin mattresses and 8 full mattrre	06/02/22	SL	7.00		16	2890.				2890.	653.		413.	1066.
47	Room Renovation-6 bunk beds with mattresses	07/27/22	SL	7.00		16	4716.				4716.	964.		674.	1638.
48	walk-in freezer	08/01/22	SL	7.00		16	16252.				16252.	3289.		2322.	5611.
49	3 bunk beds with mattresses/4 full mattresses	09/29/22	SL	7.00		16	2867.				2867.	514.		410.	924.
50	6 bunk beds, 6 full mattresses, 6 twin mattrresse	10/20/22	SL	7.00		16	5016.				5016.	858.		717.	1575.
51	6 bunk beds/12 mattresses	12/05/22	SL	7.00		16	5016.				5016.	768.		717.	1485.
52	Walk-in freezer project	12/14/22	SL	7.00		16	10675.				10675.	1596.		1525.	3121.
53	1523 AC unit replacement	03/16/23	SL	7.00		16	13000.				13000.	1476.		1393.	2869.
54	Replace MTC 4 ton split HVAC System	06/13/23	SL	7.00		16	22884.				22884.	1800.		1907.	3707.
55	1523 Kitchen Ice Machine and Installation	09/06/23	SL	7.00		16	8699.				8699.	395.		414.	809.
56	Ice Machine Installation	09/20/23	SL	7.00		16	6177.				6177.	247.		221.	468.
57	bunk beds w/mattresses for room remodels	12/13/23	SL	7.00		16	8360.				8360.	59.		100.	159.
59	ROOM AIR CONDITIONERS	03/12/12	SL	7.00		16	30000.				30000.	30000.		0.	30000.
60	ROOM AIR CONDITIONERS 2	12/31/13	SL	7.00		16	30000.				30000.	30000.		0.	30000.
61	DULZURA REMODEL 1	12/31/13	SL	39.00	MM	16	32581.				32581.	8359.		835.	9194.
62	DULZURA REMODEL 2 - JOHN	12/31/13	SL	39.00	MM	16	5170.				5170.	1326.		133.	1459.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
63	DULZURA REMODEL 3	12/31/13	SL	39.00	MM	16	4657.				4657.	1195.		119.	1314.
64	DULZURA REMODEL 4	02/07/14	SL	39.00	MM	16	10605.				10605.	2692.		272.	2964.
65	DULZURA KITCHEN FIRE SUPP	10/03/17	SL	39.00	MM	16	6486.				6486.	1039.		166.	1205.
66	SOLAR PANELS AT 1523 E MA	11/29/17	SL	5.00		16	15000.				15000.	15000.		0.	15000.
67	WATER HEATER	02/06/18	SL	5.00		16	6800.				6800.	6800.		0.	6800.
68	SOLAR PANALS	02/16/18	SL	5.00		16	197715.				197715.	197715.		0.	197715.
69	FENCING - MAIN PROP	06/08/20	SL	7.00		16	55850.				55850.	28439.		7979.	36418.
70	MEN'S CTR ROOFING	07/20/20	SL	39.00	MM	16	20600.				20600.	1822.		528.	2350.
71	Flooring, counters, sinks, rooms 240, 239, 238	01/04/22	SL	7.00		16	1800.				1800.	512.		257.	769.
72	lumber for 5 rms/framing/drywall/insulati	01/05/22	SL	7.00		16	10840.				10840.	3076.		1549.	4625.
73	New flooring room renovation	01/21/22	SL	7.00		16	1617.				1617.	449.		231.	680.
74	framing/insulation/drywall room #239	01/27/22	SL	7.00		16	2710.				2710.	746.		387.	1133.
75	sink/lights/mirrors/floor room renovation	03/02/22	SL	7.00		16	2413.				2413.	632.		345.	977.
76	Room remodel (ceiling, counters, floors, sinks, doo	03/30/22	SL	7.00		16	3727.				3727.	935.		532.	1467.
77	Final payment for guard rail project	06/20/22	SL	7.00		16	25000.				25000.	5470.		3571.	9041.
78	Room Renovation	06/23/22	SL	7.00		16	3504.				3504.	762.		501.	1263.
79	install electrical circuits 243/244/245	08/15/22	SL	7.00		16	2522.				2522.	497.		360.	857.
80	A/C Units x10	09/01/22	SL	5.00		16	14289.				14289.	3805.		2858.	6663.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
81	Framing & insulation labor/materials for rooms 25	09/16/22	SL	7.00		16	6750.				6750.	1244.		964.	2208.
82	Installation of drywall & material	09/21/22	SL	7.00		16	3410.				3410.	622.		487.	1109.
83	Flooring, counter tops, sinks, baseboard	09/22/22	SL	7.00		16	2983.				2983.	543.		426.	969.
84	flooring, baseboard, counter top, sink, faucets (rooms 23	10/05/22	SL	7.00		16	2223.				2223.	393.		318.	711.
85	materials, labor, and framing for rooms 232, 255,	10/12/22	SL	7.00		16	9000.				9000.	1568.		1286.	2854.
86	paint/counters/sinks/mirrors /faucets rms 255, 282, 283,	10/13/22	SL	7.00		16	2132.				2132.	370.		305.	675.
87	hang, tape, and texture/labor and materials	10/14/22	SL	7.00		16	5000.				5000.	867.		714.	1581.
88	Sinks, counters, flooring, mirrors, blinds for rooms 28	11/04/22	SL	7.00		16	3919.				3919.	647.		560.	1207.
89	framing, insulation, drywall of ceilings for labor and ma	11/09/22	SL	7.00		16	10500.				10500.	1714.		1500.	3214.
90	Walkway ceiling reinforcement & damaged lumb	11/18/22	SL	7.00		16	2000.				2000.	319.		286.	605.
91	countertop/sink/supplies needed to replace sink & cou	01/06/21	SL	7.00		16	166.				166.	71.		24.	95.
92	Faucet for kitchen	01/27/21	SL	7.00		16	310.				310.	129.		44.	173.
93	flooring/base/paint board #221	01/29/21		7.00	HX	16	1732.				1732.	723.		0.	723.
94	pipe leak	01/29/21		7.00	HX	16	2001.				2001.	835.		0.	835.
95	paint/plumbing parts/toilet seat & parts/joint compound/	01/29/21		7.00	HX	16	385.				385.	161.		0.	161.
96	replacement parts for sink in kitchen	01/31/21		7.00	HX	16	316.				316.	131.		0.	131.
97	paint/materials/flooring/	01/31/21		7.00	HX	16	565.				565.	235.		0.	235.
98	plumbing parts	02/01/21		7.00	HX	16	133.				133.	55.		0.	55.

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(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
99	Remodel room 221	02/02/21		7.00	HX	16	3000.				3000.	1247.		0.	1247.
100	drain repair	02/04/21		7.00	HX	16	4364.				4364.	1811.		0.	1811.
101	supplies need for redo rooms	02/10/21		7.00	HX	16	305.				305.	126.		0.	126.
102	paint and drywall for renovating of rooms	02/16/21		7.00	HX	16	648.				648.	266.		0.	266.
103	paint for COP	02/19/21		7.00	HX	16	310.				310.	127.		0.	127.
104	paint/drywallplumbing parts/toilet/sink	02/22/21		7.00	HX	16	517.				517.	211.		0.	211.
105	closet for storage #221/plumbing parts/complete	02/28/21		7.00	HX	16	3421.				3421.	1387.		0.	1387.
106	Remodel of room #302	03/09/21		7.00	HX	16	3000.				3000.	1206.		0.	1206.
107	flooring/base board #302	03/09/21		7.00	HX	16	1323.				1323.	532.		0.	532.
108	paint misc supplies for #302	03/09/21		7.00	HX	16	664.				664.	267.		0.	267.
109	paint/toilet seat/window glaze	03/10/21		7.00	HX	16	282.				282.	113.		0.	113.
110	Renovation of room #293	03/23/21		7.00	HX	16	3000.				3000.	1189.		0.	1189.
111	Labor for renovation of room #215	03/29/21		7.00	HX	16	3393.				3393.	1337.		0.	1337.
112	Material for room #293 renovation	03/30/21		7.00	HX	16	1970.				1970.	775.		0.	775.
113	Material for renovation room # 215	03/30/21		7.00	HX	16	2381.				2381.	937.		0.	937.
114	valve stem/assemblies/closet racks X2/plumbing supplies	03/31/21		7.00	HX	16	745.				745.	293.		0.	293.
115	Material reimbursement for complete renovation of room	04/08/21		7.00	HX	16	2301.				2301.	898.		0.	898.
116	Labor room # 294	04/21/21		7.00	HX	16	4438.				4438.	1709.		0.	1709.

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(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
117	material for renovation of room #294	04/21/21		7.00	HX	16	2388.				2388.	920.		0.	920.
118	Labor for renovation of room 214	06/11/21		7.00	HX	16	1700.				1700.	621.		0.	621.
119	installation of 4 new tankless water heaters	07/15/21		7.00	HX	16	29400.				29400.	10345.		0.	10345.
120	sinks/counter tops/supplies for showers/facuets	07/30/21		7.00	HX	16	689.				689.	238.		0.	238.
121	room rehab	09/30/21		7.00	HX	16	587.				587.	189.		0.	189.
122	Room remodels	10/05/21		7.00	HX	16	923.				923.	295.		0.	295.
123	new mirrors X9, shower grab bars, shower misc for new do	10/31/21		7.00	HX	16	858.				858.	266.		0.	266.
124	Room renovation	11/04/21		7.00	HX	16	441.				441.	136.		0.	136.
125	framing labor/materials # 265, 264, 249, 248, 246	11/18/21		7.00	HX	16	4750.				4750.	1437.		0.	1437.
126	insulation labor/materials # 265, 264, 248	11/18/21		7.00	HX	16	2250.				2250.	681.		0.	681.
127	drywall materials stocked	11/18/21		7.00	HX	16	1000.				1000.	303.		0.	303.
128	Remodel material for rooms (265, 264, 249, 248) counte	11/19/21		7.00	HX	16	1902.				1902.	575.		0.	575.
129	mirrors, supply lines, drains (rooms 264, 265, 248, completion of instalation of	11/24/21		7.00	HX	16	373.				373.	112.		0.	112.
130	insulation in rooms #249 & 2 labor to tape & texture	11/28/21		7.00	HX	16	1500.				1500.	448.		0.	448.
131	ceilings for #'s 249/248/246	11/28/21		7.00	HX	16	3250.				3250.	971.		0.	971.
132	New shower insert	11/29/21		7.00	HX	16	299.				299.	89.		0.	89.
133	Room renovation materials	11/30/21		7.00	HX	16	510.				510.	152.		0.	152.
134	Room renovation materials	11/30/21		7.00	HX	16	2800.				2800.	834.		0.	834.

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(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
135	New flooring room renovation # 's 249 & 248	12/03/21		7.00	HY	16	1353.				1353.	401.		0.	401.
136	Supplies for room renovation # 's 240, 241, 242, 245	12/09/21		7.00	HY	16	609.				609.	179.		0.	179.
137	shower/tub installation rm #245&249	12/20/21		7.00	HY	16	2000.				2000.	580.		0.	580.
138	materials for rm #'s 245 & 249	12/21/21		7.00	HY	16	1650.				1650.	478.		0.	478.
139	tankless water heater	02/02/23		7.00	HY	16	8586.				8586.	1116.		0.	1116.
140	Street Sign	04/19/23		7.00	HY	16	16116.				16116.	1615.		0.	1615.
141	Flooring for Genesis project	09/12/23		7.00	HY	16	6217.				6217.	268.		0.	268.
142	Remodel 214, 217, 222	11/28/23		7.00	HY	16	80303.				80303.	1037.		0.	1037.
143	remodel 271/install ceiling	12/12/23		7.00	HY	16	4777.				4777.	36.		0.	36.
144	CISSEL DRYER 75 LB.	03/21/13		7.00	HY	16	4825.				4825.	4825.		0.	4825.
145	WOOD CHIPPER	12/31/13		7.00	HY	16	9842.				9842.	9842.		0.	9842.
146	FREEZER	12/31/13		7.00	HY	16	13315.				13315.	13315.		0.	13315.
147	FREEZER INSTALLATION	12/31/13		7.00	HY	16	3402.				3402.	3402.		0.	3402.
148	LAWN MOWER	12/31/13		7.00	HY	16	5281.				5281.	5281.		0.	5281.
149	FREEZER	02/24/14		7.00	HY	16	2200.				2200.	2200.		0.	2200.
150	COMPUTER - DON TENDVAHL	03/11/14		7.00	HY	16	2505.				2505.	2505.		0.	2505.
151	DRUM CHIPPER REPLACEMENT	05/13/21		5.00	HY	16	7669.				7669.	4043.		0.	4043.
152	WALK IN FREEZER COMPRESSOR	08/31/21		5.00	HY	16	3200.				3200.	1494.		0.	1494.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
153	COMPUTER - HAROLD	12/14/21		5.00	HY	16	2781.				2781.	1138.		0.	1138.
154	WATER HEATER - KITCHEN	07/16/21		5.00	HY	16	2294.				2294.	1129.		0.	1129.
155	True up 2022	12/30/18		5.00	HY	16	-3038.				-3038.	-3038.		0.	-3038.
	* 990 Page 10 Total -						1688686.				1688686.	708142.		89672.	797814.
	* Grand Total 990 Page 10 Depr						1688686.				1688686.	708142.		89672.	797814.
	Current Year Activity														
	Beginning balance						1064570.			0.	1064570.	659228.			733352.
	Acquisitions						624116.			0.	624116.	19530.			35078.
	Dispositions/Retired						0.			0.	0.	0.			0.
	Ending balance						1688686.			0.	1688686.	678758.			768430.
	Ending accum depr											768430.			
	Ending book value											920256.			

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2023

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, 2023

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 Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Return must be mailed on or before:

November 15, 2024

Special Instructions:

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

2023

California Exempt Organization
Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

EAST COUNTY TRANSITIONAL LIVING CENTER

Additional information. See instructions.

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	2313111	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	5104062	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	•	4	7417173	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	7417173	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	7304365	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	112808	00
Payments	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
Sign Here	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.					
	Signature of officer	Title	Date	• Telephone		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN		
	Firm's name (or yours, if self-employed) and address	11/15/24	<input type="checkbox"/>	P00749825		
	SWENSON ADVISORS, LLP			• Firm's FEIN		
	25220 HANCOCK AVE., SUITE 240			33-0810710		
	MURRIETA, CA 92562			• Telephone		
				951-445-4700		
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> 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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	-1	00
	2	Interest	•	2	240	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 2	•	7	2312872	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	2313111	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	•	9	4134182	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	213233	00
	12	Other salaries and wages	•	12	1055261	00
	13	Interest	•	13	14407	00
	14	Taxes	•	14		00
	15	Rents	•	15	89188	00
	16	Depreciation and depletion (See instructions)	•	16	205231	00
	17	Other expenses and disbursements SEE STATEMENT 5	•	17	1592863	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	7304365	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		457900	•	485721
2 Net accounts receivable		74446	•	130304
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	1513566		1688685	
b Less accumulated depreciation	520049	993517	708134	980551
11 Land			•	
12 Other assets STMT 6		686444	•	586813
13 Total assets		2212307		2183389
Liabilities and net worth				
14 Accounts payable		160535	•	130811
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 7		614071		502069
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation ...			•	
21 Retained earnings or income fund		1437701	•	1550509
22 Total liabilities and net worth		2212307		2183389

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	•	112808	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		112808
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•				
6 Total. Add line 1 through line 5		112808			

CA 199

Cash Contributions
Included on Part I, Line 3

Statement 1

Contributor's Name	Contributor's Address	Date of Gift	Amount
Hamann Property Mgmt	1000 Pioneer Way El Cajon, CA 92020-1923		131232.
Waterstone Foundation	10807 New Allegiance Drive, Suite 200 Colorado Springs, CO 80921		77000.
Lucky Duck Foundation	5675 Ruffin Rd Ste 100 San Diego, CA 92123		75000.
David C. Copley Foundation	12636 High Bluff Dr, Ste. 400 San Diego, CA 92130-2071		55000.
LB Charitable Foundation	PO Box 720099 San Diego, CA 92172-0099		50000.
Albertsons	1608 Broadway El Cajon, CA 92021		34486.
A. M. Ortega Construction, Inc.	10125 Channel Rd Lakeside, CA 92040		30000.
Catholic Community Foundation of San Diego	4747 Morena Blvd Ste., 300 San Diego, CA 92117		25000.
Michael Gay	Unknown San Diego, CA 92117		25000.
Michael Branch	426 G Avenue Coronado, CA 92118-1619		24298.
James Gallear	11089 Viacha Drive San Deigo, CA 92124		19003.
Sempra Energy Foundation	488 8th Ave San Diego, CA 92101-7123		18510.
Jeff Hamann	Unknown San Diego, CA 92101-7123		15000.
Larry & Sharron LaHaye	772 Jamacha Rd. #702 El Cajon, CA 92019		13500.

<u>East County Transitional Living Center</u>		<u>27-0865318</u>
John & Elaine Baker	5036 Art Street San Diego, CA 92115	12500.
Subaru of El Cajon	Unknown San Diego, CA 92115	12190.
Christian Development Foundation	Unknown San Diego, CA 92115	10000.
East County Posse	565 N. Magnolia Ave El Cajon, CA 92021	10000.
Foothills Christian Ministries Inc.	350 Cypress Lane Suite B El Cajon, CA 92020	10000.
Team Kia - Hyundai	Unknown El Cajon, CA 92020	7500.
National Christian Foundation California	650 Town Center Drive, Ste, 810 Costa Mesa,, CA 92626	7402.
Skyline Wesleyan Church	Unknown Costa Mesa,, CA 92626	7000.
JacobsCushman San Diego Food Bank	Unknown Costa Mesa,, CA 92626	6000.
Larry & Sharon Klein	10113 Toledo Rd Spring Valley, CA 91977	6000.
Perry & Nancy Durning	1805 Wedgemere Road El Cajon, CA 92020	6000.
Walter McClellan	1868 Calle Del Conejo El Cajon, CA 92021	6000.
3-H Foundation	Unknown El Cajon, CA 92021	5000.
Alison Cummings	7784 Cedar Lake Ave. San Diego, CA 92119	5000.
April Cylwick	Unknown San Diego, CA 92119	5000.
Daniel Wallace	5526 Beaumont Avenue La Jolla, CA 92037	5000.
Evan Salem	1955 San Diego Ave. San Diego, CA 92110	5000.
Issa Family Foundation	PO Box 1388 Vista, CA 92085-1388	5000.
Laura Norman	15186 Lyons Valley Road Jamul, CA 91935	5000.
Paul Nanney	1683 Hacienda Drive El Cajon, CA 92020	5000.
Phoebe Jones	10840 Melva Rd La Mesa, CA 91941	5000.
San Diego Rock Church	2277 Rosecrans Street San Diego, CA 92106	5000.
Thomas & Jane Sudberry	5465 Morehouse Drive, Ste 260 San Diego, CA 92121	5000.
William Fischbeck	Unknown San Diego, CA 92121	5000.
Total included on line 3		<u><u>753621.</u></u>

CA 199	Other Income	Statement 2
Description		Amount
Employment Retention Credit		497652.
EBT		108830.
Work Therapy		934117.
All other programs		460035.
Emergency Shelter		312238.
Total to Form 199, Part II, line 7		2312872.

CA 199	Cash Contributions, Gifts, Grants and Similar Amounts Paid	Statement 3
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Activity Classification: Food, housing, Services, and general donations

Donees Name	Donees Address	Relationship	Amount
Multiple Families and individuals	1527 East Main St. - El Cajon, CA 92021	None	4134182.

Total for this Activity 4134182.

Total included on Form 199, Part II, line 9 4134182.

CA 199	Compensation of Officers, Directors and Trustees	Statement 4
--------	--	-------------

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Dr. Julie Hayden 1527 E. Main St. El Cajon, CA 92021	CEO 40.00	75019.
Ivan Andujar 1527 E. Main St. El Cajon, CA 92021	COO 40.00	68579.

<u>East County Transitional Living Center</u>		<u>27-0865318</u>
Kenneth Weekes 1527 E. Main St. El Cajon, CA 92021	CAO 40.00	38712.
Michael Branch 1527 E. Main St. El Cajon, CA 92021	CEO 40.00	30923.
Joel Sanders 1527 E. Main St. El Cajon, CA 92021	Board Chair 1.00	0.
Robert Whitlaw 1527 E. Main St. El Cajon, CA 92021	Board Treasurer 1.00	0.
Nikki Caraveo 1527 E. Main St. El Cajon, CA 92021	Board Secretary 1.00	0.
Greg Brown 1527 E. Main St. El Cajon, CA 92021	Board Member 1.00	0.
Darrin Mroz 1527 E. Main St. El Cajon, CA 92021	Board Member 1.00	0.
Charles A Long 1527 E. Main St. El Cajon, CA 92021	Board Member 1.00	0.
Deborah Boye 1527 E. Main St. El Cajon, CA 92021	Board Member 1.00	0.
Total to Form 199, Part II, line 11		<u>213233.</u>

CA 199	Other Expenses	Statement 5
Description		Amount
Program		163301.
Other		158816.
Bad Debt		33890.
Fundraising		30933.
Office expenses		764555.
Travel		288809.
Insurance		152295.
All other expenses		264.
Total to Form 199, Part II, line 17		1592863.

CA 199	Other Assets	Statement 6
Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	38129.	43924.
Right of Use asset	648315.	542889.
Total to Form 199, Schedule L, line 12	686444.	586813.

CA 199	Other Liabilities	Statement 7
Description	Beg. of Year	End of Year
Capital leas obligation	0.	0.
cash held in trust for others	0.	0.
LT Lease Liabilities	610808.	385084.
Cash Held in trust for others	3263.	3264.
ST Lease Liabilities	0.	113721.
Total to Form 199, Schedule L, line 18	614071.	502069.

TAXABLE YEAR
2023

**Corporation Depreciation
and Amortization**

CALIFORNIA FORM
3885

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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 2024. 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	1688686.	659228.				
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	89672

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	89672
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	89672
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
7 POWERWASH TRAILER ECTLC 1	01/01/15	1968.	1968.	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.	4250.	SL	5.00	0.	
15 2006 FORD VAN 5NQV882	03/08/18	4250.	4250.	SL	5.00	0.	
16 SPCNS BLACK TRAILOR	07/12/19	100.	89.	SL	5.00	11.	
17 HYUNDAI TIBRON	08/07/19	1200.	1057.	SL	5.00	143.	
18 2006 F350	09/13/19	10600.	9119.	SL	5.00	1481.	
19 2010 UTILITY BOX TRAILOR	09/16/19	3500.	3005.	SL	5.00	495.	
20 1994 FORD VAN	09/17/19	1750.	1502.	SL	5.00	248.	
21 2006 F350 DUALY	10/02/19	10670.	9068.	SL	5.00	1602.	
22 1994 HONDA MAG MORTOR CYC	12/31/19	1850.	1481.	SL	5.00	369.	
23 2006 NISSAN ALTIMA	06/30/20	1141.	800.	SL	5.00	228.	
24 2006 HYAUNDAI (DONATED)	07/09/20	2600.	1809.	SL	5.00	520.	
25 2005 CHRYSLER 300	08/25/21	5789.	2722.	SL	5.00	1158.	
26 SHOWER TRAILOR	08/28/20	40000.	26740.	SL	5.00	8000.	
27 1990 FORD F700 FB	10/08/20	5000.	3230.	SL	5.00	1000.	
28 2006 FORD F350 4X4 TRUCK	12/22/20	12800.	7743.	SL	5.00	2560.	
29 2006 FORD E350 VAN	12/22/20	550.	333.	SL	5.00	110.	
30 2007 CHRYSLER (6SUL998)	10/09/21	2000.	891.	SL	5.00	400.	
31 2020 HONDA ODYSSEY 8RFL372	11/16/21	43084.	18296.	SL	5.00	8617.	
32 Purchase of Vermeer VC 1000 Chipper	12/27/22	35000.	7077.	SL	5.00	7000.	
34 DULZURA	01/01/23	342965.		SL	39.00	8794.	

35 DULZURA + Dorms	01/01/23	106032.	SL	39.00	2719.
37 KITCHEN	06/19/13	12000.	12000. SL	7.00	0.
38 BUNK	12/31/13	10000.	10000. SL	7.00	0.
39 FURNITURE	12/31/13	3154.	3154. SL	7.00	0.
40 STORAGE CONTAINER	12/31/13	2000.	2000. SL	7.00	0.
41 DFW MOTEL SUPPLY & TEXTIL	01/19/16	2141.	2141. SL	7.00	0.
42 FURNITURE - MAIN PROPERTY	06/30/21	27310.	9770. SL	7.00	3901.
43 Bunkbedsd X 8 w/mattresses for room renovations	01/05/22	5328.	1512. SL	7.00	761.
44 10 frigs for room remodels	03/02/22	1672.	438. SL	7.00	239.
45 10 bunkbeds with mattresses (room renovation)	03/15/22	6760.	1736. SL	7.00	966.
46 4 Bunk beds/2 twin mattresses and 8 full mattresses-finish mrooms 24	06/02/22	2890.	653. SL	7.00	413.
47 Room Renovation-6 bunk beds with mattresses	07/27/22	4716.	964. SL	7.00	674.
48 walk-in freezer	08/01/22	16252.	3289. SL	7.00	2322.
49 3 bunk beds with mattresses/4 full mattresses/3 twin mattresses	09/29/22	2867.	514. SL	7.00	410.
50 6 bunk beds, 6 full mattresses, 6 twin mattresses	10/20/22	5016.	858. SL	7.00	717.
51 6 bunk beds/12 mattresses	12/05/22	5016.	768. SL	7.00	717.
52 Walk-in freezer project	12/14/22	10675.	1596. SL	7.00	1525.
53 1523 AC unit replacement	03/16/23	13000.	SL	7.00	1393.
54 Replace MTC 4 ton split HVAC System	06/13/23	22884.	SL	7.00	1907.
55 1523 Kitchen Ice Machine and Installation	09/06/23	8699.	SL	7.00	414.
56 Ice Machine Installation	09/20/23	6177.	SL	7.00	221.
57 bunk beds w/mattresses for room remodels	12/13/23	8360.	SL	7.00	100.
59 ROOM AIR CONDITIONERS	03/12/12	30000.	30000. SL	7.00	0.
60 ROOM AIR CONDITIONERS 2	12/31/13	30000.	30000. SL	7.00	0.
61 DULZURA REMODEL 1	12/31/13	32581.	8359. SL	39.00	835.
62 DULZURA REMODEL 2 - JOHN	12/31/13	5170.	1326. SL	39.00	133.
63 DULZURA REMODEL 3	12/31/13	4657.	1195. SL	39.00	119.
64 DULZURA REMODEL 4	02/07/14	10605.	2692. SL	39.00	272.
65 DULZURA KITCHEN FIRE SUPP	10/03/17	6486.	1039. SL	39.00	166.
66 SOLAR PANELS AT 1523 E MA	11/29/17	15000.	15000. SL	5.00	0.

67 WATER HEATER	02/06/18	6800.	6800. SL	5.00	0.
68 SOLAR PANALS	02/16/18	197715.	197715. SL	5.00	0.
69 FENCING - MAIN PROP	06/08/20	55850.	28439. SL	7.00	7979.
70 MEN'S CTR ROOFING	07/20/20	20600.	1822. SL	39.00	528.
71 Flooring, counters, sinks, rooms 240, 239, 238	01/04/22	1800.	512. SL	7.00	257.
72 lumber for 5 rms/framing/drywall/insulation for 4 rms #'s 234, 235,	01/05/22	10840.	3076. SL	7.00	1549.
73 New flooring room renovation	01/21/22	1617.	449. SL	7.00	231.
74 framing/insulation/drywall room #239	01/27/22	2710.	746. SL	7.00	387.
75 sink/lights/mirrors/floor room renovation	03/02/22	2413.	632. SL	7.00	345.
76 Room remodel (ceiling, counters, floors, sinks, doors	03/30/22	3727.	935. SL	7.00	532.
77 Final payment for guard rail project	06/20/22	25000.	5470. SL	7.00	3571.
78 Room Renovation	06/23/22	3504.	762. SL	7.00	501.
79 install electrical circuits 243/244/245	08/15/22	2522.	497. SL	7.00	360.
80 A/C Units x10	09/01/22	14289.	3805. SL	5.00	2858.
81 Framing & insulation labor/materials for rooms 252, 270, 300	09/16/22	6750.	1244. SL	7.00	964.
82 Installation of drywall & material	09/21/22	3410.	622. SL	7.00	487.
83 Flooring, counter tops, sinks, baseboard	09/22/22	2983.	543. SL	7.00	426.
84 flooring, baseboard, counter top, sink, faucets (rooms 238, 239, 223	10/05/22	2223.	393. SL	7.00	318.
85 materials, labor, and framing for rooms 232, 255, 282, and 283	10/12/22	9000.	1568. SL	7.00	1286.
86 paint/counters/sinks/mirrors/facuets rms 255, 282, 283, 232	10/13/22	2132.	370. SL	7.00	305.
87 hang, tape, and texture/labor and materials rooms 232, 255, 282, and	10/14/22	5000.	867. SL	7.00	714.
88 Sinks, counters, flooring, mirrors, blinds for rooms 284, 285, and 2	11/04/22	3919.	647. SL	7.00	560.
89 framing, insulation, drywall of ceilings for labor and materials in	11/09/22	10500.	1714. SL	7.00	1500.
90 Walkway ceiling reinfocement & damaged lumber replacement (202-204)	11/18/22	2000.	319. SL	7.00	286.
91 countertop/sink/supplies needed to replace sink & countertop	01/06/21	166.	71. SL	7.00	24.
92 Facuet for kitchen	01/27/21	310.	129. SL	7.00	44.
93 flooring/base/paint board #221	01/29/21	1732.	723.	7.00	0.
94 pipe leak	01/29/21	2001.	835.	7.00	0.
95 paint/plumbing parts/toilet seat & parts/joint compound/ other misc'	01/29/21	385.	161.	7.00	0.
96 replacement parts for sink in kitchen	01/31/21	316.	131.	7.00	0.

97 paint/materials/flooring/ 01/31/21	565.	235.	7.00	0.
98 plumbing parts 02/01/21	133.	55.	7.00	0.
99 Remodel room 221 02/02/21	3000.	1247.	7.00	0.
100 drain repair 02/04/21	4364.	1811.	7.00	0.
101 supplies need for redo rooms 02/10/21	305.	126.	7.00	0.
102 paint and drywall for renovating of rooms 02/16/21	648.	266.	7.00	0.
103 paint for COP 02/19/21	310.	127.	7.00	0.
104 paint/drywallplumbing parts/toilet/sink 02/22/21	517.	211.	7.00	0.
105 closet for storage #221/plumbing parts/complete shower #221/re bar s 02/28/21	3421.	1387.	7.00	0.
106 Remodel of room #302 03/09/21	3000.	1206.	7.00	0.
107 flooring/base board #302 03/09/21	1323.	532.	7.00	0.
108 paint misc supplies for #302 03/09/21	664.	267.	7.00	0.
109 paint/toilet seat/window glaze 03/10/21	282.	113.	7.00	0.
110 Renovation of room #293 03/23/21	3000.	1189.	7.00	0.
111 Labor for renovation of room #215 03/29/21	3393.	1337.	7.00	0.
112 Material for room #293 renovation 03/30/21	1970.	775.	7.00	0.
113 Material for renovation room # 215 03/30/21	2381.	937.	7.00	0.
114 valve stem/assemblies/closet racks X2/plumbing supplies 03/31/21	745.	293.	7.00	0.
115 Material reimbursement for complete renovation of room #212 04/08/21	2301.	898.	7.00	0.
116 Labor room # 294 04/21/21	4438.	1709.	7.00	0.
117 material for renovation of room #294 04/21/21	2388.	920.	7.00	0.
118 Labor for renovation of room 214 06/11/21	1700.	621.	7.00	0.
119 installation of 4 new tankless water heaters 07/15/21	29400.	10345.	7.00	0.
120 sinks/counter tops/supplies for showers/facuets 07/30/21	689.	238.	7.00	0.
121 room rehab 09/30/21	587.	189.	7.00	0.
122 Room remodels 10/05/21	923.	295.	7.00	0.
123 new mirrors X9, shower grab bars, shower misc for new dorm build, pa 10/31/21	858.	266.	7.00	0.
124 Room renovation 11/04/21	441.	136.	7.00	0.
125 framing labor/materials # 265, 264, 249, 248, 246 11/18/21	4750.	1437.	7.00	0.
126 insulation labor/materials # 265, 264, 248 11/18/21	2250.	681.	7.00	0.

127 drywall materials stocked				
11/18/21	1000.	303.	7.00	0.
128 Remodel material for rooms (265, 264, 249, 248) countertops, sinks,				
11/19/21	1902.	575.	7.00	0.
129 mirrors, supply lines, drains (rooms 264, 265, 248, 249)				
11/24/21	373.	112.	7.00	0.
130 completion of instalation of insulation in rooms #249 & 246				
11/28/21	1500.	448.	7.00	0.
131 labor to tape & texture ceilings for #'s 249/248/246/265/264 @ \$650				
11/28/21	3250.	971.	7.00	0.
132 New shower insert				
11/29/21	299.	89.	7.00	0.
133 Room renovation materials				
11/30/21	510.	152.	7.00	0.
134 Room renovation materials				
11/30/21	2800.	834.	7.00	0.
135 New flooring room renovation #'s 249 & 248				
12/03/21	1353.	401.	7.00	0.
136 Supplies for room renovation #'s 240, 241, 242, 245				
12/09/21	609.	179.	7.00	0.
137 shower/tub installation rm #245&249				
12/20/21	2000.	580.	7.00	0.
138 materials for rm #'s 245 & 249				
12/21/21	1650.	478.	7.00	0.
139 tankless water heater				
02/02/23	8586.		7.00	0.
140 Street Sign				
04/19/23	16116.		7.00	0.
141 Flooring for Genesis project				
09/12/23	6217.		7.00	0.
142 Remodel 214, 217, 222				
11/28/23	80303.		7.00	0.
143 remodel 271/install ceiling				
12/12/23	4777.		7.00	0.
144 CISSEL DRYER 75 LB.				
03/21/13	4825.	4825.	7.00	0.
145 WOOD CHIPPER				
12/31/13	9842.	9842.	7.00	0.
146 FREEZER				
12/31/13	13315.	13315.	7.00	0.
147 FREEZER INSTALLATION				
12/31/13	3402.	3402.	7.00	0.
148 LAWN MOWER				
12/31/13	5281.	5281.	7.00	0.
149 FREEZER				
02/24/14	2200.	2200.	7.00	0.
150 COMPUTER - DON TENDVAHL				
03/11/14	2505.	2505.	7.00	0.
151 DRUM CHIPPER REPLACEMENT				
05/13/21	7669.	4043.	5.00	0.
152 WALK IN FREEZER COMPRESSOR				
08/31/21	3200.	1494.	5.00	0.
153 COMPUTER - HAROLD				
12/14/21	2781.	1138.	5.00	0.
154 WATER HEATER - KITCHEN				
07/16/21	2294.	1129.	5.00	0.
155 True up 2022				
12/30/18	-3038.	-3038.	5.00	0.

Total to Form 3885	<u>1688686.</u>	<u>659228.</u>	<u>89672.</u>	<u></u>
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TAXABLE YEAR

2023**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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	7417173
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	7417173
3	Total expenses and disbursements (Form 199, line 9)	3	7304365
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023**6** ☐ Direct Deposit of refund (Form 109 only.)**7** ☐ Electronic funds withdrawal **7a** Amount**7b** Withdrawal date (mm/dd/yyyy)**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)**10** Routing number _____**11** Account number _____**12** Type of account: ☐ Checking ☐ Savings**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

**Sign
Here**

Signature of officer

Date

**CEO**

Title

Part VI 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, 2023 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 11/15/24	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	Firm's FEIN 33-0810710			
	SWENSON ADVISORS, LLP 25220 HANCOCK AVE., SUITE 240 MURRIETA, CA	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		

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310**

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.

(For Registry Use Only)

EAST COUNTY TRANSITIONAL LIVING CENTER

Name of Organization

List all DBAs and names the organization uses or has used

1527 E. MAIN ST.

Address (Number and Street)

EL CAJON, CA 92021

City or Town, State, and ZIP Code

619-442-0457

Telephone Number

JHAYDEN@ECTLC.ORG

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report
☐ Organization requests email notifications

State Charity Registration Number **0153985**

Corporation or Organization No. _____

Federal Employer ID No. **27-0865318**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

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 **01/01/2023** ending **12/31/2023**) list:

Total Revenue (including noncash contributions) \$ **7417173** Noncash Contributions \$ **4089755** Total Assets \$ **2183389**
Program Expenses \$ **6346983** Total Expenses \$ **7304365**

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