

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

B Check if applicable:	C Name of organization <b>EAST COUNTY TRANSITIONAL LIVING CENTER</b>		D Employer identification number <b>27-0865318</b>
<input type="checkbox"/> Address change	Doing business as		E Telephone number <b>619-442-0457</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>1527 E. MAIN ST.</b>		F Gross receipts \$ <b>6,306,579.</b>
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code <b>EL CAJON, CA 92021</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: <b>JULIE HAYDEN</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions
J Website: <b>HTTPS://ECTLC.ORG/</b>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
		L Year of formation: <b>2009</b> M State of legal domicile: <b>CA</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE TRANSITIONAL LIVING AND RESTORE LIVES. (SEE SCHEDULE O)</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<b>5,104,062.</b>	<b>4,758,823.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,706,390.</b>	<b>1,387,328.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>240.</b>	<b>496.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>606,481.</b>	<b>159,932.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,417,173.</b>	<b>6,306,579.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>4,134,182.</b>	<b>2,851,715.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,268,494.</b>	<b>1,262,873.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,901,689.</b>	<b>2,029,673.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,304,365.</b>	<b>6,144,261.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>112,808.</b>	<b>162,318.</b>	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	<b>2,183,389.</b>	<b>2,238,826.</b>
	21 Total liabilities (Part X, line 26)	<b>632,880.</b>	<b>525,999.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>1,550,509.</b>	<b>1,712,827.</b>

## Part II Signature Block

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

Sign Here	Signature of officer <b>JULIE HAYDEN, CEO</b>		Date
	Type or print name and title		
Paid	Preparer's name <b>SCOTT MAXWELL</b>	Preparer's signature <i>Scott Maxwell</i>	Date <b>11/15/25</b>
Preparer	Firm's name <b>SWENSON ADVISORS LLP</b>		Check <input type="checkbox"/> if self-employed
Use Only	Firm's address <b>25220 HANCOCK AVE., SUITE 240 MURRIETA, CA 92562</b>		PTIN <b>P00749825</b>
			Firm's EIN <b>33-0810710</b>
			Phone no. (951) <b>445-4700</b>

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.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:TO PROVIDE TRANSITIONAL LIVING AND RESTORE LIVES.2 Did the organization undertake any significant program services during the year which were not listed on theprior Form 990 or 990-EZ? .....  Yes  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  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 \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_) **718,892.**  
**WORK THERAPY****INCOME IS GENERATED BY TRANSITIONAL HOUSING PARTICIPANTS WORKING FOR AGENCIES THAT HAVE CONTRACTED WITH THE ORGANIZATION FOR LABOR. IN RETURN FOR THEIR LABOR, THE CONTRACTED AGENCIES PROVIDE A VOLUNTARY CONTRIBUTION TO THE ORGANIZATION. THE CONTRIBUTIONS ARE ACCRUED TO THE PERIOD THE LABOR SERVICES ARE PROVIDED.**4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_) **666,935.**  
**EMERGENCY SHELTER****THE ORGANIZATION HAS CONTRACTED WITH THE CITY OF EL CAJON TO PROVIDE EMERGENCY SHELTER TO FAMILIES DURING THE WINTER MONTHS. THE ORGANIZATION PROVIDES THESE SERVICES BASED ON A CONTRACTED DAILY RATE AND RECOGNIZES THE REVENUES AS THE SERVICES ARE PROVIDED.**

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

4d Other program services (Describe on Schedule O.)(Expenses \$ **5,147,645.** including grants of \$ **2,851,715.**) (Revenue \$ **161,433.**)4e Total program service expenses **5,147,645.**

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## 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 <b>Section 501(c)(3) organizations.</b> 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. <ul style="list-style-type: none"> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>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> .....</li> </ul>		
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> .....	11a 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> .....	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States?  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> .....	11d 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> .....	11e 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> .....	11f 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> .....	12a 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> .....	12b 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> .....	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	14b X	
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> .....	15 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? If "Yes," complete Schedule I, Parts I and III .....	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? If "Yes," complete Schedule J .....	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
24c	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	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
25b	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II .....	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? If "Yes," complete Schedule L, Part III .....	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):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	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? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
35b	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)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	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? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O .....	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	4
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
1c	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	31
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	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	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?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
Note: See the instructions for additional information the organization must report on Schedule O.			
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	14b	
c	Enter the amount of reserves on hand	15	X
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	17	
<b>15</b>	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.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.			

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

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .....	6	
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	5	
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? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....		
b	Each committee with authority to act on behalf of the governing body? .....		
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 .....		
9			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? .....	
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? .....	
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 .....	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	
13	Did the organization have a written whistleblower policy? .....	
14	Did the organization have a written document retention and destruction policy? .....	
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 .....	
b	Other officers or key employees of the organization .....	
	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? .....	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records  
**DR. JULIE HAYDEN - 619-442-0457**  
**1527 E. MAIN ST., EL CAJON, CA 92021**

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) DR. JULIE HAYDEN CEO	40.00	X	X				125,000.	0.	0.
(2) KENNETH WEEKES CAO	40.00	X	X				100,000.	0.	0.
(3) JOEL SANDERS BOARD CHAIR	1.00	X					0.	0.	0.
(4) DARRIN MROZ BOARD MEMBER	1.00	X					0.	0.	0.
(5) CHARLES A LONG BOARD MEMBER	1.00	X					0.	0.	0.
(6) LEWIS BISZANT DIRECTOR OF MENS PROGRAM AND OUTREAC	40.00	X					0.	0.	0.
(7) JONATHAN HEUBERGER DIRECTOR OF PROGRAMS	40.00	X					0.	0.	0.
(8) DIANE WHEELER DIRECTOR OF WOMEN'S PROGRAM	40.00	X					0.	0.	0.
(9) CHEF JONATHAN TREADWAY DIRECTOR OF FOOD SERVICES	40.00	X					0.	0.	0.
(10) JHON LONDONO DIRECTOR OF FAMILY SERVICES	40.00	X					0.	0.	0.
(11) LORI STONE DIRECTOR FO MARKETING AND DEVELOPMEN	40.00	X					0.	0.	0.
(12) ROLLAND SLADE CHAIRMAN EMERITUS	1.00	X					0.	0.	0.
(13) KENDALL LAUGHLIN BOARD MEMBER	1.00	X					0.	0.	0.

## Part VII

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

<b>1b Subtotal .....</b>	225,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A .....</b>	0.	0.	0.
<b>d Total (add lines 1b and 1c) .....</b>	225,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

## **Section B. Independent Contractors**

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

The organization reported compensation for the calendar year ending with or within the organization's tax year.			
(A) Name and business address		(B) Description of services	(C) Compensation
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		0

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>			
	<b>b</b> Membership dues .....	<b>1b</b>			
	<b>c</b> Fundraising events .....	<b>1c</b> <b>23,782.</b>			
	<b>d</b> Related organizations .....	<b>1d</b>			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> <b>4,735,041.</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> <b>\$2,820,700.</b>			
	<b>h Total.</b> Add lines 1a-1f .....	<b>4,758,823.</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2 a</b> <b>WORK THERAPY</b>	<b>900099</b>	<b>718,893.</b>	<b>718,893.</b>	
	<b>b</b> <b>EMERGENCY SHELTER</b>	<b>900099</b>	<b>666,935.</b>	<b>666,935.</b>	
	<b>c</b> <b>ALL OTHER PROGRAMS</b>	<b>900099</b>	<b>1,500.</b>	<b>1,500.</b>	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue .....				
	<b>g Total.</b> Add lines 2a-2f .....		<b>1,387,328.</b>		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		<b>496.</b>		<b>496.</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds .....				
	<b>5</b> Royalties .....				
	<b>6 a</b> Gross rents .....	<b>(i) Real</b>	<b>(ii) Personal</b>		
		<b>6a</b>			
	<b>b</b> Less: rental expenses .....				
	<b>c</b> Rental income or (loss) .....	<b>6b</b>			
	<b>d</b> Net rental income or (loss) .....	<b>6c</b>			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>(i) Securities</b>	<b>(ii) Other</b>		
		<b>7a</b>			
	<b>b</b> Less: cost or other basis and sales expenses .....				
	<b>c</b> Gain or (loss) .....	<b>7b</b>			
	<b>d</b> Net gain or (loss) .....	<b>7c</b>			
	<b>8 a</b> Gross income from fundraising events (not including \$ <b>23,782.</b> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	<b>0.</b>		
	<b>b</b> Less: direct expenses .....	<b>8b</b>	<b>0.</b>		
	<b>c</b> Net income or (loss) from fundraising events .....				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>			
	<b>b</b> Less: direct expenses .....	<b>9b</b>			
	<b>c</b> Net income or (loss) from gaming activities .....				
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>			
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>			
	<b>c</b> Net income or (loss) from sales of inventory .....				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
	<b>11 a</b> <b>EBT</b>	<b>900099</b>	<b>159,932.</b>	<b>159,932.</b>	
	<b>b</b>				
	<b>c</b>				
	<b>d</b> All other revenue .....				
	<b>e Total.</b> Add lines 11a-11d .....		<b>159,932.</b>		
	<b>12 Total revenue.</b> See instructions .....		<b>6,306,579.</b>	<b>1,547,260.</b>	<b>0.</b>
					<b>496.</b>

**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 .....	2,851,715.	2,851,715.		
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 .....	225,000.	129,668.	80,807.	14,525.
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 .....	1,037,873.	598,127.	372,745.	67,001.
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 .....	891,235.	876,797.	14,438.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	90,764.	89,971.	793.	
17 Travel .....	306,735.	296,268.	10,467.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	13,555.		13,555.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	135,188.		135,188.	
23 Insurance .....	173,346.	161,934.	11,412.	
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 OTHER .....	224,706.	47,735.	169,183.	7,788.
b FUNDRAISING .....	95,471.			95,471.
c PROGRAM .....	95,430.	95,430.		
d BAD DEBT .....	3,243.		3,243.	
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	6,144,261.	5,147,645.	811,831.	184,785.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	272,638.	1	152,307.
	2 Savings and temporary cash investments .....	213,083.	2	275,938.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	130,304.	4	84,652.
	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 .....	43,924.	9	59,805.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,933,297.		
	b Less: accumulated depreciation .....	10b 703,775.	10c 980,551.	1,229,522.
	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 .....	542,889.	15	436,602.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	2,183,389.	16	2,238,826.
Liabilities	17 Accounts payable and accrued expenses .....	130,811.	17	137,393.
	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 .....	502,069.	25	388,606.
	26 Total liabilities. Add lines 17 through 25 .....	632,880.	26	525,999.
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 .....	1,429,638.	27	1,612,827.
	28 Net assets with donor restrictions .....	120,871.	28	100,000.
	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 .....	1,550,509.	32	1,712,827.
	33 Total liabilities and net assets/fund balances .....	2,183,389.	33	2,238,826.

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	6,306,579.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	6,144,261.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	162,318.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	1,550,509.
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	1,712,827.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

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

Form 990 (2024)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

**EAST COUNTY TRANSITIONAL LIVING CENTER**

Employer identification number

**27-0865318**

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

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3248302.	4316492.	5608879.	5081909.	4735041.	22990623.
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 <b>Total.</b> Add lines 1 through 3 .....	3248302.	4316492.	5608879.	5081909.	4735041.	22990623.
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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						22990623.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	3248302.	4316492.	5608879.	5081909.	4735041.	22990623.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	27,894.	21,590.	9,707.	240.	496.	59,927.
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) .....						
<b>11 Total support.</b> Add lines 7 through 10						23050550.
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	99.74	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	99.59	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....			
<input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here</b> . 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**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  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  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.

- 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.

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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(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 <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> 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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f <b>Total</b> of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

## Part VI

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

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

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 .....

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? .....

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)? .....

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 .....

\$ \_\_\_\_\_

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

LHA 432051 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

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? .....

(ii) Related organizations? .....

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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 .....		448,997.	23,025.	425,972.
c Leasehold improvements .....		1,064,386.	460,201.	604,185.
d Equipment .....		250,221.	126,263.	123,958.
e Other .....		169,693.	94,286.	75,407.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				1,229,522.

**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)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</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)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</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	436,602.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	436,602.

**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	314,718.
(3) CASH HELD IN TRUST FOR OTHERS	3,522.
(4) ST LEASE LIABILITIES	70,366.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	388,606.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,327,450.
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	190,371.
e	Add lines 2a through 2d	2e	190,371.
3	Subtract line 2e from line 1	3	6,137,079.
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	169,500.
c	Add lines 4a and 4b	4c	169,500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,306,579.

**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	6,144,261.
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	6,144,261.
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	6,144,261.

**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 - OTHER ADJUSTMENTS:****NET ASSETS RELEASED FROM RESTRICTIONS** 190,371.**PART XI, LINE 4B - OTHER ADJUSTMENTS:****RESTRICTED CONTRIBUTIONS** 169,500.**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** *(continued)*

## **SCHEDULE G (Form 990)**

(Rev. December 2024)

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.**

OMB No. 1545-0047

## Open to Public Inspection

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Name of the organization

## **EAST COUNTY TRANSITIONAL LIVING CENTER**

**Employer identification number**  
27-0865318

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## 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      e  Solicitation of nongovernment grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**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 RECOVERY HAPPENS BBQ (event type)	(b) Event #2 CONCERT AUCTION (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts .....	16,651.	1,908.	5,223.	23,782.
2 Less: Contributions .....	16,651.	1,908.	5,223.	23,782.
3 Gross income (line 1 minus line 2) .....				
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) .....				

**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? .....

**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 the name and address of the third party:

Name \_\_\_\_\_

Address

## 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

#### Description of services provided

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Director/officer       Employee       Independent contractor

## 17 Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$

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

**Part IV Supplemental Information (continued)**

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**EAST COUNTY TRANSITIONAL LIVING CENTER**

**Employer identification number**  
**27-0865318**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>

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) (Rev. 12-2024)

### 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.

<b>(a) Type of grant or assistance</b>	<b>(b) Number of recipients</b>	<b>(c) Amount of cash grant</b>	<b>(d) Amount of non-cash assistance</b>	<b>(e) Method of valuation (book, FMV, appraisal, other)</b>	<b>(f) Description of noncash assistance</b>
GIFTS IN-KIND FOOD	0	0.	2,204,846.	COMPARABLE COST ESTIMATE	FEEDING THE ONES IN NEED AND HOUSED FAMILIES AND INDIVIDUALS
GIFTS IN-KIND GENERAL	0	0.	646,869.	AT COST	CLOTHING, BLANKETS, NECESSITIES TO HOUSED 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**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

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		646,869.	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		2,173,831.	COMPARABLE COST ESTI
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( _____ )				
26 Other ( _____ )				
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 on 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) 2024

## 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.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.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 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 THREEE 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.**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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Name of the organization

## EAST COUNTY TRANSITIONAL LIVING CENTER

**Employer identification number**

27-0865318

**EXPENSES** \$ 5,147,645. **INCL GRANTS OF** \$ 2,851,715. **REVENUE** \$ 161,433.

**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.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	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
7	POWERWASH TRAILER ECTLC 1	01/01/15	SL	5.00	16	1,968.				1,968.	1,968.		0.	1,968.
16	SPCNS BLACK TRAILOR	07/12/19	SL	5.00	16	100.				100.	100.		0.	100.
18	2006 F350 1FTWW31536ED71850	09/13/19	SL	5.00	16	10,600.				10,600.	10,600.		0.	10,600.
19	2010 UTILITY BOX TRAILOR G3101M9SS17116A069013	09/16/19	SL	5.00	16	3,500.				3,500.	3,500.		0.	3,500.
23	2006 NISSAN ALTIMA	06/30/20	SL	5.00	16	1,141.				1,141.	1,028.		113.	1,141.
26	SHOWER TRAILOR	08/28/20	SL	5.00	16	40,000.				40,000.	34,762.		5,238.	40,000.
31	2020 HONDA ODYSSEY 8RFL372 PURCHASE OF VERMEER VC 1000	11/16/21	SL	5.00	16	43,084.				43,084.	26,936.		8,617.	35,553.
32	CHIPPER 2008 FORD TRUCK	12/27/22	SL	5.00	16	35,000.				35,000.	14,096.		7,000.	21,096.
33	1FTSW21528ED13255 2012 FORD VAN	07/25/24	SL	5.00	16	15,000.				15,000.			1,250.	1,250.
34	1FBNE3BL2CDA66700 2024 SKY DUMP TRAILER	08/12/24	SL	5.00	16	4,300.				4,300.	332.		358.	690.
35	4S9BD1425RS412176 2003 TOYOTA COROLLA	08/15/24	SL	5.00	16	11,000.				11,000.	832.		917.	1,749.
36	1NXBR32E83Z105466	11/01/24	SL	5.00	16	4,000.				4,000.	132.		133.	265.
37	DULZURA	01/01/23	SL	39.00	MM16	342,965.				342,965.	17,588.		8,794.	26,382.
38	DULZURA + DORMS	01/01/23	SL	39.00	MM16	106,032.				106,032.	5,438.		2,719.	8,157.
39	KITCHEN	06/19/13	SL	7.00	16	12,000.				12,000.	12,000.		0.	12,000.
40	BUNK	12/31/13	SL	7.00	16	10,000.				10,000.	10,000.		0.	10,000.
41	FURNITURE	12/31/13	SL	7.00	16	3,154.				3,154.	3,154.		0.	3,154.
42	STORAGE CONTAINER	12/31/13	SL	7.00	16	2,000.				2,000.	2,000.		0.	2,000.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	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
43	DFW MOTEL SUPPLY & TEXTIL	01/19/16	SL	7.00	16	2,141.				2,141.	2,141.		0.	2,141.
44	FURNITURE - MAIN PROPERTY	06/30/21	SL	7.00	16	27,310.				27,310.	13,682.		3,901.	17,583.
	BUNKBEDSD X 8 W/MATTRESSES													
45	FOR ROOM RENOVATIONS	01/05/22	SL	7.00	16	5,328.				5,328.	2,275.		761.	3,036.
46	10 FRIGS FOR ROOM REMODELS	03/02/22	SL	7.00	16	1,672.				1,672.	677.		239.	916.
	10 BUNKBEDS WITH MATTRESSES													
47	(ROOM RENOVATION)	03/15/22	SL	7.00	16	6,760.				6,760.	2,704.		966.	3,670.
	4 BUNK BEDS/2 TWIN													
48	MATTRESSES AND 8 FULL MATTRE	06/02/22	SL	7.00	16	2,890.				2,890.	1,067.		413.	1,480.
	ROOM RENOVATION-6 BUNK BEDS													
49	WITH MATTRESSES	07/27/22	SL	7.00	16	4,716.				4,716.	1,639.		674.	2,313.
50	WALK-IN FREEZER	08/01/22	SL	7.00	16	16,252.				16,252.	5,617.		2,322.	7,939.
	3 BUNK BEDS WITH													
51	MATTRESSES/4 FULL MATTRESSES	09/29/22	SL	7.00	16	2,867.				2,867.	925.		410.	1,335.
	6 BUNK BEDS, 6 FULL													
52	MATTRESSES, 6 TWIN MATTRESSE	10/20/22	SL	7.00	16	5,016.				5,016.	1,576.		717.	2,293.
53	6 BUNK BEDS/12 MATTRESSES	12/05/22	SL	7.00	16	5,016.				5,016.	1,486.		717.	2,203.
54	WALK-IN FREEZER PROJECT	12/14/22	SL	7.00	16	10,675.				10,675.	3,125.		1,525.	4,650.
55	1523 AC UNIT REPLACEMENT	03/16/23	SL	7.00	16	13,000.				13,000.	3,338.		1,857.	5,195.
	REPLACE MTC 4 TON SPLIT HVAC													
56	SYSTEM	06/13/23	SL	7.00	16	22,884.				22,884.	5,078.		3,269.	8,347.
	1523 KITCHEN ICE MACHINE AND													
57	INSTALLATION	09/06/23	SL	7.00	16	8,699.				8,699.	1,641.		1,243.	2,884.
58	ICE MACHINE INSTALLATION	09/20/23	SL	7.00	16	6,177.				6,177.	1,131.		882.	2,013.
	BUNK BEDS W/MATTRESSES FOR													
59	ROOM REMODELS	12/13/23	SL	7.00	16	8,360.				8,360.	1,256.		1,194.	2,450.
60	2024 FRONT GATE GUARD SHACK	09/17/24	SL	7.00	16	7,154.				7,154.	294.		256.	550.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	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
61	2024 MP ROOM RENOVATION - BEDS	09/16/24	SL	7.00	16	7,415.				7,415.	308.		265.	573.
62	ROOM AIR CONDITIONERS	03/12/12	SL	7.00	16	30,000.				30,000.	30,000.		0.	30,000.
63	ROOM AIR CONDITIONERS 2	12/31/13	SL	7.00	16	30,000.				30,000.	30,000.		0.	30,000.
64	DULZURA REMODEL 1	12/31/13	SL	39.00	MM16	32,581.				32,581.	9,196.		835.	10,031.
65	DULZURA REMODEL 2 - JOHN	12/31/13	SL	39.00	MM16	5,170.				5,170.	1,459.		133.	1,592.
66	DULZURA REMODEL 3	12/31/13	SL	39.00	MM16	4,657.				4,657.	1,314.		119.	1,433.
67	DULZURA REMODEL 4	02/07/14	SL	39.00	MM16	10,605.				10,605.	2,965.		272.	3,237.
68	DULZURA KITCHEN FIRE SUPP	10/03/17	SL	39.00	MM16	6,486.				6,486.	1,206.		166.	1,372.
69	SOLAR PANELS AT 1523 E MA	11/29/17	SL	5.00	16	15,000.				15,000.	15,000.		0.	15,000.
70	WATER HEATER	02/06/18	SL	5.00	16	6,800.				6,800.	6,800.		0.	6,800.
71	SOLAR PANALS	02/16/18	SL	5.00	16	197,715.				197,715.	197,715.		0.	197,715.
72	FENCING - MAIN PROP	06/08/20	SL	7.00	16	55,850.				55,850.	36,439.		7,979.	44,418.
73	MEN'S CTR ROOFING	07/20/20	SL	39.00	MM16	20,600.				20,600.	2,352.		528.	2,880.
74	FLOORING, COUNTERS, SINKS, ROOMS 240, 239, 238	01/04/22	SL	7.00	16	1,800.				1,800.	770.		257.	1,027.
	LUMBER FOR 5													
75	RMS/FRAMING/DRYWALL/INSULATI	01/05/22	SL	7.00	16	10,840.				10,840.	4,629.		1,549.	6,178.
76	NEW FLOORING ROOM RENOVATION	01/21/22	SL	7.00	16	1,617.				1,617.	680.		231.	911.
	FRAMING/INSULATION/DRYWALL													
77	ROOM #239	01/27/22	SL	7.00	16	2,710.				2,710.	1,134.		387.	1,521.
	SINK/LIGHTS/MIRRORS/FLOOR													
78	ROOM RENOVATION	03/02/22	SL	7.00	16	2,413.				2,413.	978.		345.	1,323.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	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
79	ROOM REMODEL (CEILING, COUNTERS, FLOORS, SINKS, DOO	03/30/22	SL	7.00	16	3,727.				3,727.	1,469.		532.	2,001.
80	FINAL PAYMENT FOR GUARD RAIL PROJECT	06/20/22	SL	7.00	16	25,000.				25,000.	9,051.		3,571.	12,622.
81	ROOM RENOVATION	06/23/22	SL	7.00	16	3,504.				3,504.	1,264.		501.	1,765.
82	INSTALL ELECTRICAL CIRCUITS 243/244/245	08/15/22	SL	7.00	16	2,522.				2,522.	858.		360.	1,218.
83	A/C UNITS X10	09/01/22	SL	5.00	16	14,289.				14,289.	6,671.		2,858.	9,529.
84	FRAMING & INSULATION LABOR/MATERIALS FOR ROOMS 25	09/16/22	SL	7.00	16	6,750.				6,750.	2,211.		964.	3,175.
85	INSTALLATION OF DRYWALL & MATERIAL	09/21/22	SL	7.00	16	3,410.				3,410.	1,110.		487.	1,597.
86	FLOORING, COUNTER TOPS, SINKS, BASEBOARD	09/22/22	SL	7.00	16	2,983.				2,983.	970.		426.	1,396.
87	FLOORING, BASEBOARD, COUNTER TOP, SINK, FAUCETS (ROOMS 23	10/05/22	SL	7.00	16	2,223.				2,223.	712.		318.	1,030.
88	MATERIALS, LABOR, AND FRAMING FOR ROOMS 232, 255, PAINT/COUNTERS/SINKS/MIRRORS	10/12/22	SL	7.00	16	9,000.				9,000.	2,857.		1,286.	4,143.
89	/FAUCETS RMS 255, 282, 283, HANG, TAPE, AND	10/13/22	SL	7.00	16	2,132.				2,132.	676.		305.	981.
90	TEXTURE/LABOR AND MATERIALS SINKS, COUNTERS, FLOORING,	10/14/22	SL	7.00	16	5,000.				5,000.	1,583.		714.	2,297.
91	MIRRORS, BLINDS FOR ROOMS 28 FRAMING, INSULATION, DRYWALL	11/04/22	SL	7.00	16	3,919.				3,919.	1,209.		560.	1,769.
92	OF CEILINGS FOR LABOR AND MA WALKWAY CEILING	11/09/22	SL	7.00	16	10,500.				10,500.	3,218.		1,500.	4,718.
93	REIMFORCEMENT & DAMAGED LUMB COUNTERTOP/SINK/SUPPLIES	11/18/22	SL	7.00	16	2,000.				2,000.	606.		286.	892.
94	NEEDED TO REPLACE SINK & COU	01/06/21	SL	7.00	16	166.				166.	95.		24.	119.
95	FACUET FOR KITCHEN FLOORING/BASE/PAINT BOARD	01/27/21	SL	7.00	16	310.				310.	174.		44.	218.
96	#221	01/29/21	SL	7.00	16	1,732.				1,732.	971.		247.	1,218.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	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
97	PIPE LEAK	01/29/21	SL	7.00	16	2,001.				2,001.	1,122.		286.	1,408.
98	PAINT/PLUMBING PARTS/TOILET SEAT & PARTS/Joint COMPOUND/	01/29/21	SL	7.00	16	385.				385.	216.		55.	271.
99	REPLACEMENT PARTS FOR SINK IN KITCHEN	01/31/21	SL	7.00	16	316.				316.	177.		45.	222.
100	PAINT/MATERIALS/FLOORING/	01/31/21	SL	7.00	16	565.				565.	316.		81.	397.
101	PLUMBING PARTS	02/01/21	SL	7.00	16	133.				133.	74.		19.	93.
102	REMODEL ROOM 221	02/02/21	SL	7.00	16	3,000.				3,000.	1,677.		429.	2,106.
103	DRAIN REPAIR	02/04/21	SL	7.00	16	4,364.				4,364.	2,436.		623.	3,059.
104	SUPPLIES NEED FOR REDO ROOMS	02/10/21	SL	7.00	16	305.				305.	170.		44.	214.
105	PAINT AND DRYWALL FOR RENOVATING OF ROOMS	02/16/21	SL	7.00	16	648.				648.	358.		93.	451.
106	PAINT FOR COP	02/19/21	SL	7.00	16	310.				310.	171.		44.	215.
107	PAINT/DRYWALL/PLUMBING PARTS/TOILET/SINK	02/22/21	SL	7.00	16	517.				517.	285.		74.	359.
108	CLOSET FOR STORAGE													
108	#221/PLUMBING PARTS/COMPLETE	02/28/21	SL	7.00	16	3,421.				3,421.	1,877.		489.	2,366.
109	REMODEL OF ROOM #302	03/09/21	SL	7.00	16	3,000.				3,000.	1,636.		429.	2,065.
110	FLOORING/BASE BOARD #302	03/09/21	SL	7.00	16	1,323.				1,323.	721.		189.	910.
111	PAINT MISC SUPPLIES FOR #302	03/09/21	SL	7.00	16	664.				664.	362.		95.	457.
112	PAINT/TOILET SEAT/WINDOW GLAZE	03/10/21	SL	7.00	16	282.				282.	153.		40.	193.
113	RENOVATION OF ROOM #293	03/23/21	SL	7.00	16	3,000.				3,000.	1,619.		429.	2,048.
114	LABOR FOR RENOVATION OF ROOM #215	03/29/21	SL	7.00	16	3,393.				3,393.	1,823.		485.	2,308.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	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
115	MATERIAL FOR ROOM #293 RENOVATION	03/30/21	SL	7.00	16	1,970.				1,970.	1,058.		281.	1,339.
116	MATERIAL FOR RENOVATION ROOM # 215	03/30/21	SL	7.00	16	2,381.				2,381.	1,279.		340.	1,619.
117	VALVE STEM/ASSEMBLIES/CLOSET RACKS X2/PLUMBING SUPPLIES	03/31/21	SL	7.00	16	745.				745.	400.		106.	506.
118	MATERIAL REIMBURSEMENT FOR COMPLETE RENOVATION OF ROOM	04/08/21	SL	7.00	16	2,301.				2,301.	1,228.		329.	1,557.
119	LABOR ROOM # 294	04/21/21	SL	7.00	16	4,438.				4,438.	2,345.		634.	2,979.
120	MATERIAL FOR RENOVATION OF ROOM # 294	04/21/21	SL	7.00	16	2,388.				2,388.	1,262.		341.	1,603.
121	LABOR FOR RENOVATION OF ROOM 214	06/11/21	SL	7.00	16	1,700.				1,700.	864.		243.	1,107.
122	INSTALLATION OF 4 NEW TANKLESS WATER HEATERS	07/15/21	SL	7.00	16	29,400.				29,400.	14,556.		4,200.	18,756.
123	SINKS/COUNTER TOPS/SUPPLIES FOR SHOWERS/FACUETS	07/30/21	SL	7.00	16	689.				689.	337.		98.	435.
124	ROOM REHAB	09/30/21	SL	7.00	16	587.				587.	273.		84.	357.
125	ROOM REMODELS	10/05/21	SL	7.00	16	923.				923.	428.		132.	560.
126	NEW MIRRORS X9, SHOWER GRAB BARS, SHOWER MISC FOR NEW DO	10/31/21	SL	7.00	16	858.				858.	388.		123.	511.
127	ROOM RENOVATION	11/04/21	SL	7.00	16	441.				441.	199.		63.	262.
128	FRAMING LABOR/MATERIALS # 265, 264, 249, 248, 246	11/18/21	SL	7.00	16	4,750.				4,750.	2,118.		679.	2,797.
129	INSULATION LABOR/MATERIALS # 265, 264, 248	11/18/21	SL	7.00	16	2,250.				2,250.	1,003.		321.	1,324.
130	DRYWALL MATERIALS STOCKED	11/18/21	SL	7.00	16	1,000.				1,000.	446.		143.	589.
131	REMODEL MATERIAL FOR ROOMS (265, 264, 249, 248) COUNT	11/19/21	SL	7.00	16	1,902.				1,902.	847.		272.	1,119.
132	MIRRORS, SUPPLY LINES, DRAINS (ROOMS 264, 265, 248,	11/24/21	SL	7.00	16	373.				373.	165.		53.	218.

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(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	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
133	COMPLETION OF INSTALATION OF INSULATION IN ROOMS #249 & 2	11/28/21	SL	7.00	16	1,500.				1,500.	663.		214.	877.
134	LABOR TO TAPE & TEXTURE CEILINGS FOR #'S 249/248/246	11/28/21	SL	7.00	16	3,250.				3,250.	1,436.		464.	1,900.
135	NEW SHOWER INSERT	11/29/21	SL	7.00	16	299.				299.	132.		43.	175.
136	ROOM RENOVATION MATERIALS	11/30/21	SL	7.00	16	510.				510.	225.		73.	298.
137	ROOM RENOVATION MATERIALS	11/30/21	SL	7.00	16	2,800.				2,800.	1,235.		400.	1,635.
138	NEW FLOORING ROOM RENOVATION #'S 249 & 248	12/03/21	SL	7.00	16	1,353.				1,353.	595.		193.	788.
139	SUPPLIES FOR ROOM RENOVATION #'S 240, 241, 242, 245	12/09/21	SL	7.00	16	609.				609.	267.		87.	354.
140	SHOWER/TUB INSTALLATION RM #245&249	12/20/21	SL	7.00	16	2,000.				2,000.	867.		286.	1,153.
141	MATERIALS FOR RM #'S 245 & 249	12/21/21	SL	7.00	16	1,650.				1,650.	714.		236.	950.
142	TANKLESS WATER HEATER	02/02/23	SL	7.00	16	8,586.				8,586.	2,346.		1,227.	3,573.
143	STREET SIGN	04/19/23	SL	7.00	16	16,116.				16,116.	3,923.		2,302.	6,225.
144	FLOORING FOR GENESIS PROJECT	09/12/23	SL	7.00	16	6,217.				6,217.	1,158.		888.	2,046.
145	REMODEL 214, 217, 222	11/28/23	SL	7.00	16	80,303.				80,303.	12,540.		11,472.	24,012.
146	REMODEL 271/INSTALL CEILING	12/12/23	SL	7.00	16	4,777.				4,777.	720.		682.	1,402.
147	2024 POOL RENOVATIONS	07/16/24	SL	7.00	16	42,602.				42,602.	2,801.		2,536.	5,337.
148	2024 MP ROOM REMODEL/RENOVATIONS	10/18/24	SL	7.00	16	271,081.				271,081.	7,851.		6,454.	14,305.
149	CISSEL DRYER 75 LB.	03/21/13		7.00	HY16	4,825.				4,825.	4,825.		0.	4,825.
150	WOOD CHIPPER	12/31/13		7.00	HY16	9,842.				9,842.	9,842.		0.	9,842.

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(D) - Asset disposed

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2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	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
151	FREEZER	12/31/13		7.00	HY16	13,315.				13,315.	13,315.		0.	13,315.
152	FREEZER INSTALLATION	12/31/13		7.00	HY16	3,402.				3,402.	3,402.		0.	3,402.
153	LAWN MOWER	12/31/13		7.00	HY16	5,281.				5,281.	5,281.		0.	5,281.
154	FREEZER	02/24/14		7.00	HY16	2,200.				2,200.	2,200.		0.	2,200.
155	COMPUTER - DON TENDVAHL	03/11/14		7.00	HY16	2,505.				2,505.	2,505.		0.	2,505.
156	DRUM CHIPPER REPLACEMENT	05/13/21		5.00	HY16	7,669.				7,669.	5,581.		0.	5,581.
157	WALK IN FREEZER COMPRESSOR	08/31/21		5.00	HY16	3,200.				3,200.	2,136.		0.	2,136.
158	COMPUTER - HAROLD	12/14/21		5.00	HY16	2,781.				2,781.	1,696.		0.	1,696.
159	WATER HEATER - KITCHEN	07/16/21		5.00	HY16	2,294.				2,294.	1,589.		0.	1,589.
160	TRUE UP 2022	12/30/18		5.00	HY16	-3,038.				-3,038.	-3,651.		0.	-3,651.
161	REFRIGERATED CONTAINER	07/09/24		5.00	HY16	4,459.				4,459.	428.		0.	428.
* 990 PAGE 10 TOTAL -						1,933,298.				1,933,298.	703,779.		124,482.	828,261.
* GRAND TOTAL 990 PAGE 10 DEPR						1,933,298.				1,933,298.	703,779.		124,482.	828,261.
CURRENT YEAR ACTIVITY														
BEGINNING BALANCE						1,566,287.				0.	1,566,287.	690,801.		803,114.
ACQUISITIONS						367,011.				0.	367,011.	12,978.		25,147.
DISPOSITIONS/RETIRED						0.				0.	0.	0.		0.
ENDING BALANCE						1,933,298.				0.	1,933,298.	703,779.		828,261.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

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428111 04-01-24

(D) - Asset disposed

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

TAXABLE YEAR  
**2024****California Exempt Organization  
Annual Information Return**

428941 01-14-25

FORM

**199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

California corporation number

**EAST COUNTY TRANSITIONAL LIVING CENTER****3223355**

Additional information. See instructions.

FEIN

**27-0865318**

Street address (suite or room)

PMB no.

**1527 E. MAIN ST.**

City

State

**EL CAJON**

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.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	<b>1,547,756</b>	00	
	2	Gross dues and assessments from members and affiliates	•	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	<b>4,758,823</b>	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3.	STMT 1	•			
	<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B			•	4	<b>6,306,579</b>	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	<b>6,306,579</b>	00	
	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	<b>6,144,261</b>	00	
<b>Expenses</b>	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	<b>162,318</b>	00	
<b>Payments</b>	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	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	•	16		00	

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

Signature of officer ►	Title <b>CEO</b>	Date 11/15/25	Check if self-employed ► <input type="checkbox"/>	• Telephone <b>P00749825</b>
------------------------	---------------------	------------------	---	---------------------------------

Preparer's signature ► <i>Scott Maxwell</i>	Date 11/15/25	Check if self-employed ► <input type="checkbox"/>	• PTIN <b>P00749825</b>
Firm's name (or yours, if self-employed) and address ► <b>SWENSON ADVISORS LLP</b> 25220 HANCOCK AVE., SUITE 240 MURRIETA, CA 92562	• Firm's FEIN <b>33-0810710</b>		
• Telephone <b>(951) 445-4700</b>			

May the FTB discuss this return with the preparer shown above? See instructions

•  Yes  No

## EAST COUNTY TRANSITIONAL LIVING CENTER

27-0865318

**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.

428951 01-14-25

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions .....	• 1	00
	2 Interest .....	• 2	496 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. Attach schedule .....	• 7	1,547,260 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	1,547,756 00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	• 9	2,851,715 00
	10 Disbursements to or for members. ....	• 10	00
Expenses and Disbursements	11 Compensation of officers, directors, and trustees. Attach schedule .....	• 11	225,000 00
	12 Other salaries and wages .....	• 12	1,037,873 00
	13 Interest .....	• 13	13,555 00
	14 Taxes .....	• 14	00
	15 Rents .....	• 15	90,764 00
	16 Depreciation and depletion (See instructions) .....	• 16	135,188 00
	17 Other expenses and disbursements. Attach schedule .....	• 17	1,790,166 00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	• 18	6,144,261 00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash .....		485,721	•	428,245
2 Net accounts receivable .....		130,304	•	84,652
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. Attach schedule .....			•	
10 a Depreciable assets .....	1,688,685		1,933,297	
b Less accumulated depreciation .....	708,134	980,551	703,775	1,229,522
11 Land .....			•	
12 Other assets. Attach schedule STMT. 6		586,813	•	496,407
13 Total assets .....		2,183,389		2,238,826
<b>Liabilities and net worth</b>				
14 Accounts payable .....		130,811	•	137,393
15 Contributions, gifts, or grants payable .....			•	
16 Bonds and notes payable .....			•	
17 Mortgages payable .....			•	
18 Other liabilities. Attach schedule STMT. 7		502,069		388,606
19 Capital stock or principal fund .....			•	
20 Paid-in or capital surplus. Attach reconciliation .....			•	
21 Retained earnings or income fund .....		1,550,509	•	1,712,827
22 Total liabilities and net worth .....		2,183,389		2,238,826

**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 .....	• 162,318	7 Income recorded on books this year not included in this return. Attach schedule .....	
2 Federal income tax .....	•	8 Deductions in this return not charged against book income this year. Attach schedule .....	
3 Excess of capital losses over capital gains .....	•	9 Total. Add line 7 and line 8 .....	
4 Income not recorded on books this year. Attach schedule .....	•	10 Net income per return. Subtract line 9 from line 6 .....	
5 Expenses recorded on books this year not deducted in this return. Attach schedule .....	•		162,318
6 Total. Add line 1 through line 5	162,318		

CA 199	OTHER INCOME	STATEMENT 2
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DESCRIPTION	AMOUNT
EBT	159,932.
WORK THERAPY	718,893.
EMERGENCY SHELTER	666,935.
ALL OTHER PROGRAMS	1,500.
TOTAL TO FORM 199, PART II, LINE 7	1,547,260.

CA 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 3
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ACTIVITY CLASSIFICATION: FOOD, HOUSING, SERVICES, AND GENERAL DONATIONS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
MULTIPLE FAMILIES AND INDIVIDUALS	1527 EAST MAIN ST. - EL CAJON, CA 92021	NONE	2,204,846.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
		0. FOOD	COMPARABLE COST ESTIMATE
			TOTAL FOR THIS ACTIVITY
			2,204,846.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	2,204,846.
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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	125,000.
KENNETH WEEKES 1527 E. MAIN ST. EL CAJON, CA 92021	CAO 40.00	100,000.
JOEL SANDERS 1527 E. MAIN ST. EL CAJON, CA 92021	BOARD CHAIR 1.00	0.

EAST COUNTY TRANSITIONAL LIVING CENTER

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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.

LEWIS BISZANT  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR OF MENS PROGRAM A  
40.00

0.

JONATHAN HEUBERGER  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR OF PROGRAMS  
40.00

0.

DIANE WHEELER  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR OF WOMEN'S PROGRA  
40.00

0.

CHEF JONATHAN TREADWAY  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR OF FOOD SERVICES  
40.00

0.

JHON LONDONO  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR OF FAMILY SERVICE  
40.00

0.

LORI STONE  
1527 E. MAIN ST.  
EL CAJON, CA 92021

DIRECTOR FO MARKETING AND  
40.00

0.

ROLLAND SLADE  
1527 E. MAIN ST.  
EL CAJON, CA 92021

CHAIRMAN EMERITUS  
1.00

0.

KENDALL LAUGHLIN  
1527 E. MAIN ST.  
EL CAJON, CA 92021

BOARD MEMBER  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

225,000.

CA 199	OTHER EXPENSES	STATEMENT 5
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DESCRIPTION	AMOUNT
OTHER	224,706.
FUNDRAISING	95,471.
PROGRAM	95,430.
BAD DEBT	3,243.
OFFICE EXPENSES	891,235.
TRAVEL	306,735.
INSURANCE	173,346.
TOTAL TO FORM 199, PART II, LINE 17	1,790,166.

CA 199	OTHER ASSETS	STATEMENT 6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	43,924.	59,805.
RIGHT OF USE ASSET	542,889.	436,602.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	586,813.	496,407.

CA 199	OTHER LIABILITIES	STATEMENT 7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAPITAL LEAS OBLIGATION	0.	0.
CASH HELD IN TRUST FOR OTHERS	0.	0.
LT LEASE LIABILITIES	385,084.	314,718.
CASH HELD IN TRUST FOR OTHERS	3,264.	3,522.
ST LEASE LIABILITIES	113,721.	70,366.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	502,069.	388,606.

TAXABLE YEAR  
2024Corporation Depreciation  
and AmortizationCALIFORNIA 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 <b>smaller</b> 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 2025. Add line 9 and line 10, less line 12 .....	13		

## Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&amp;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	1,933,298.	690,801.				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.

15 124,482

See instructions for line 14, column (h)

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g) .....	<input type="radio"/>	16 124,482
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	<input type="radio"/>	17 124,482
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.)	<input type="radio"/>	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	1,968.	1,968.	SL	5.00	0.		
16 SPCNS BLACK TRAILOR 07/12/19	100.	100.	SL	5.00	0.		
18 2006 F350 1FTWW31536ED71850 09/13/19	10,600.	10,600.	SL	5.00	0.		
19 2010 UTILITY BOX TRAILOR G3101M9SS17116A069013 09/16/19	3,500.	3,500.	SL	5.00	0.		
23 2006 NISSAN ALTIMA 06/30/20	1,141.	1,028.	SL	5.00	113.		
26 SHOWER TRAILOR 08/28/20	40,000.	34,762.	SL	5.00	5,238.		
31 2020 HONDA ODYSSEY 8RFL372 11/16/21	43,084.	26,936.	SL	5.00	8,617.		
32 PURCHASE OF VERMEER VC 1000 CHIPPER 12/27/22	35,000.	14,096.	SL	5.00	7,000.		
33 2008 FORD TRUCK 1FTSW21528ED13255 07/25/24	15,000.		SL	5.00	1,250.		
34 2012 FORD VAN 1FBNE3BL2CDA66700 08/12/24	4,300.		SL	5.00	358.		
35 2024 SKY DUMP TRAILER 4S9BD1425RS412176 08/15/24	11,000.		SL	5.00	917.		
36 2003 TOYOTA COROLLA 1NXBR32E83Z105466 11/01/24	4,000.		SL	5.00	133.		
37 DULZURA 01/01/23	342,965.	17,588.	SL	39.00	8,794.		
38 DULZURA + DORMS 01/01/23	106,032.	5,438.	SL	39.00	2,719.		
39 KITCHEN 06/19/13	12,000.	12,000.	SL	7.00	0.		
40 BUNK 12/31/13	10,000.	10,000.	SL	7.00	0.		
41 FURNITURE 12/31/13	3,154.	3,154.	SL	7.00	0.		
42 STORAGE CONTAINER 12/31/13	2,000.	2,000.	SL	7.00	0.		
43 DFW MOTEL SUPPLY & TEXTIL 01/19/16	2,141.	2,141.	SL	7.00	0.		
44 FURNITURE - MAIN PROPERTY 06/30/21	27,310.	13,682.	SL	7.00	3,901.		
45 BUNKBEDSD X 8 W/MATTRESSES FOR ROOM RENOVATIONS 01/05/22	5,328.	2,275.	SL	7.00	761.		
46 10 FRIGS FOR ROOM REMODELS 03/02/22	1,672.	677.	SL	7.00	239.		
47 10 BUNKBEDS WITH MATTRESSES (ROOM RENOVATION) 03/15/22	6,760.	2,704.	SL	7.00	966.		
48 4 BUNK BEDS/2 TWIN MATTRESSES AND 8 FULL MATTRESSES-FINISH MROOMS 24 06/02/22	2,890.	1,067.	SL	7.00	413.		
49 ROOM RENOVATION-6 BUNK BEDS WITH MATTRESSES 07/27/22	4,716.	1,639.	SL	7.00	674.		
50 WALK-IN FREEZER 08/01/22	16,252.	5,617.	SL	7.00	2,322.		
51 3 BUNK BEDS WITH MATTRESSES/4 FULL MATTRESSES/3 TWIN MATTRESSES 09/29/22	2,867.	925.	SL	7.00	410.		

## EAST COUNTY TRANSITIONAL LIVING CENTER

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52	6 BUNK BEDS, 6 FULL MATTRESSES, 6 TWIN MATTRESSES				
	10/20/22	5,016.	1,576. SL	7.00	717.
53	6 BUNK BEDS/12 MATRESSES				
	12/05/22	5,016.	1,486. SL	7.00	717.
54	WALK-IN FREEZER PROJECT				
	12/14/22	10,675.	3,125. SL	7.00	1,525.
55	1523 AC UNIT REPLACEMENT				
	03/16/23	13,000.	3,338. SL	7.00	1,857.
56	REPLACE MTC 4 TON SPLIT HVAC SYSTEM				
	06/13/23	22,884.	5,078. SL	7.00	3,269.
57	1523 KITCHEN ICE MACHINE AND INSTALLATION				
	09/06/23	8,699.	1,641. SL	7.00	1,243.
58	ICE MACHINE INSTALLATION				
	09/20/23	6,177.	1,131. SL	7.00	882.
59	BUNK BEDS W/MATRESSES FOR ROOM REMODELS				
	12/13/23	8,360.	1,256. SL	7.00	1,194.
60	2024 FRONT GATE GUARD SHACK				
	09/17/24	7,154.	SL	7.00	256.
61	2024 MP ROOM RENOVATION - BEDS				
	09/16/24	7,415.	SL	7.00	265.
62	ROOM AIR CONDITIONERS				
	03/12/12	30,000.	30,000. SL	7.00	0.
63	ROOM AIR CONDITIONERS 2				
	12/31/13	30,000.	30,000. SL	7.00	0.
64	DULZURA REMODEL 1				
	12/31/13	32,581.	9,196. SL	39.00	835.
65	DULZURA REMODEL 2 - JOHN				
	12/31/13	5,170.	1,459. SL	39.00	133.
66	DULZURA REMODEL 3				
	12/31/13	4,657.	1,314. SL	39.00	119.
67	DULZURA REMODEL 4				
	02/07/14	10,605.	2,965. SL	39.00	272.
68	DULZURA KITCHEN FIRE SUPP				
	10/03/17	6,486.	1,206. SL	39.00	166.
69	SOLAR PANELS AT 1523 E MA				
	11/29/17	15,000.	15,000. SL	5.00	0.
70	WATER HEATER				
	02/06/18	6,800.	6,800. SL	5.00	0.
71	SOLAR PANALS				
	02/16/18	197,715.	197,715. SL	5.00	0.
72	FENCING - MAIN PROP				
	06/08/20	55,850.	36,439. SL	7.00	7,979.
73	MEN'S CTR ROOFING				
	07/20/20	20,600.	2,352. SL	39.00	528.
74	FLOORING, COUNTERS, SINKS, ROOMS 240, 239, 238				
	01/04/22	1,800.	770. SL	7.00	257.
75	LUMBER FOR 5 RMS/FRAMING/DRYWALL/INSULATION FOR 4 RMS #'S 234, 235,				
	01/05/22	10,840.	4,629. SL	7.00	1,549.
76	NEW FLOORING ROOM RENOVATION				
	01/21/22	1,617.	680. SL	7.00	231.
77	FRAMING/INSULATION/DRYWALL ROOM #239				
	01/27/22	2,710.	1,134. SL	7.00	387.
78	SINK/LIGHTS/MIRRORS/FLOOR ROOM RENOVATION				
	03/02/22	2,413.	978. SL	7.00	345.
79	ROOM REMODEL (CEILING, COUNTERS, FLOORS, SINKS, DOORS				
	03/30/22	3,727.	1,469. SL	7.00	532.
80	FINAL PAYMENT FOR GUARD RAIL PROJECT				
	06/20/22	25,000.	9,051. SL	7.00	3,571.
81	ROOM RENOVATION				
	06/23/22	3,504.	1,264. SL	7.00	501.

82	INSTALL ELECTRICAL CIRCUITS	243/244/245				
	08/15/22	2,522.	858. SL	7.00	360.	
83	A/C UNITS X10					
	09/01/22	14,289.	6,671. SL	5.00	2,858.	
84	FRAMING & INSULATION LABOR/MATERIALS FOR ROOMS	252, 270, 300				
	09/16/22	6,750.	2,211. SL	7.00	964.	
85	INSTALLATION OF DRYWALL & MATERIAL					
	09/21/22	3,410.	1,110. SL	7.00	487.	
86	FLOORING, COUNTER TOPS, SINKS, BASEBOARD					
	09/22/22	2,983.	970. SL	7.00	426.	
87	FLOORING, BASEBOARD, COUNTER TOP, SINK, FAUCETS (ROOMS	238, 239, 223				
	10/05/22	2,223.	712. SL	7.00	318.	
88	MATERIALS, LABOR, AND FRAMING FOR ROOMS 232, 255, 282, AND 283					
	10/12/22	9,000.	2,857. SL	7.00	1,286.	
89	PAINT/COUNTERS/SINKS/MIRRORS/FACUETS RMS 255, 282, 283, 232					
	10/13/22	2,132.	676. SL	7.00	305.	
90	HANG, TAPE, AND TEXTURE/LABOR AND MATERIALS ROOMS 232, 255, 282, AND					
	10/14/22	5,000.	1,583. SL	7.00	714.	
91	SINKS, COUNTERS, FLOORING, MIRRORS, BLINDS FOR ROOMS 284, 285, AND 2					
	11/04/22	3,919.	1,209. SL	7.00	560.	
92	FRAMING, INSULATION, DRYWALL OF CEILINGS FOR LABOR AND MATERIALS IN					
	11/09/22	10,500.	3,218. SL	7.00	1,500.	
93	WALKWAY CEILING REIMFORCEMENT & DAMAGED LUMBER REPLACEMENT (202-204)					
	11/18/22	2,000.	606. SL	7.00	286.	
94	COUNTERTOP/SINK/SUPPLIES NEEDED TO REPLACE SINK & COUNTERTOP					
	01/06/21	166.	95. SL	7.00	24.	
95	FACUET FOR KITCHEN					
	01/27/21	310.	174. SL	7.00	44.	
96	FLOORING/BASE/PAINT BOARD #221					
	01/29/21	1,732.	971. SL	7.00	247.	
97	PIPE LEAK					
	01/29/21	2,001.	1,122. SL	7.00	286.	
98	PAINT/PLUMBING PARTS/TOILET SEAT & PARTS/JOINT COMPOUND/ OTHER MISC'					
	01/29/21	385.	216. SL	7.00	55.	
99	REPLACEMENT PARTS FOR SINK IN KITCHEN					
	01/31/21	316.	177. SL	7.00	45.	
100	PAINT/MATERIALS/FLOORING/					
	01/31/21	565.	316. SL	7.00	81.	
101	PLUMBING PARTS					
	02/01/21	133.	74. SL	7.00	19.	
102	REMODEL ROOM 221					
	02/02/21	3,000.	1,677. SL	7.00	429.	
103	DRAIN REPAIR					
	02/04/21	4,364.	2,436. SL	7.00	623.	
104	SUPPLIES NEED FOR REDO ROOMS					
	02/10/21	305.	170. SL	7.00	44.	
105	PAINT AND DRYWALL FOR RENOVATING OF ROOMS					
	02/16/21	648.	358. SL	7.00	93.	
106	PAINT FOR COP					
	02/19/21	310.	171. SL	7.00	44.	
107	PAINT/DRYWALL/PLUMBING PARTS/TOILET/SINK					
	02/22/21	517.	285. SL	7.00	74.	
108	CLOSET FOR STORAGE #221/PLUMBING PARTS/COMPLETE SHOWER #221/RE BAR S					
	02/28/21	3,421.	1,877. SL	7.00	489.	
109	REMODEL OF ROOM #302					
	03/09/21	3,000.	1,636. SL	7.00	429.	
110	FLOORING/BASE BOARD #302					
	03/09/21	1,323.	721. SL	7.00	189.	
111	PAINT MISC SUPPLIES FOR #302					
	03/09/21	664.	362. SL	7.00	95.	

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112 PAINT/TOILET SEAT/WINDOW GLAZE					
03/10/21	282.	153. SL	7.00	40.	
113 RENOVATION OF ROOM #293					
03/23/21	3,000.	1,619. SL	7.00	429.	
114 LABOR FOR RENOVATION OF ROOM #215					
03/29/21	3,393.	1,823. SL	7.00	485.	
115 MATERIAL FOR ROOM #293 RENOVATION					
03/30/21	1,970.	1,058. SL	7.00	281.	
116 MATERIAL FOR RENOVATION ROOM # 215					
03/30/21	2,381.	1,279. SL	7.00	340.	
117 VALVE STEM/ASSEMBLIES/CLOSET RACKS X2/PLUMBING SUPPLIES					
03/31/21	745.	400. SL	7.00	106.	
118 MATERIAL REIMBURSEMENT FOR COMPLETE RENOVATION OF ROOM #212					
04/08/21	2,301.	1,228. SL	7.00	329.	
119 LABOR ROOM # 294					
04/21/21	4,438.	2,345. SL	7.00	634.	
120 MATERIAL FOR RENOVATION OF ROOM #294					
04/21/21	2,388.	1,262. SL	7.00	341.	
121 LABOR FOR RENOVATION OF ROOM 214					
06/11/21	1,700.	864. SL	7.00	243.	
122 INSTALLATION OF 4 NEW TANKLESS WATER HEATERS					
07/15/21	29,400.	14,556. SL	7.00	4,200.	
123 SINKS/COUNTER TOPS/SUPPLIES FOR SHOWERS/FACUETS					
07/30/21	689.	337. SL	7.00	98.	
124 ROOM REHAB					
09/30/21	587.	273. SL	7.00	84.	
125 ROOM REMODELS					
10/05/21	923.	428. SL	7.00	132.	
126 NEW MIRRORS X9, SHOWER GRAB BARS, SHOWER MISC FOR NEW DORM BUILD, PA					
10/31/21	858.	388. SL	7.00	123.	
127 ROOM RENOVATION					
11/04/21	441.	199. SL	7.00	63.	
128 FRAMING LABOR/MATERIALS # 265, 264, 249, 248, 246					
11/18/21	4,750.	2,118. SL	7.00	679.	
129 INSULATION LABOR/MATERIALS # 265, 264, 248					
11/18/21	2,250.	1,003. SL	7.00	321.	
130 DRYWALL MATERIALS STOCKED					
11/18/21	1,000.	446. SL	7.00	143.	
131 REMODEL MATERIAL FOR ROOMS (265, 264, 249, 248) COUNTERTOPS, SINKS,					
11/19/21	1,902.	847. SL	7.00	272.	
132 MIRRORS, SUPPLY LINES, DRAINS (ROOMS 264, 265, 248, 249)					
11/24/21	373.	165. SL	7.00	53.	
133 COMPLETION OF INSTALATION OF INSULATION IN ROOMS #249 & 246					
11/28/21	1,500.	663. SL	7.00	214.	
134 LABOR TO TAPE & TEXTURE CEILINGS FOR #'S 249/248/246/265/264 @ \$650					
11/28/21	3,250.	1,436. SL	7.00	464.	
135 NEW SHOWER INSERT					
11/29/21	299.	132. SL	7.00	43.	
136 ROOM RENOVATION MATERIALS					
11/30/21	510.	225. SL	7.00	73.	
137 ROOM RENOVATION MATERIALS					
11/30/21	2,800.	1,235. SL	7.00	400.	
138 NEW FLOORING ROOM RENOVATION #'S 249 & 248					
12/03/21	1,353.	595. SL	7.00	193.	
139 SUPPLIES FOR ROOM RENOVATION #'S 240, 241, 242, 245					
12/09/21	609.	267. SL	7.00	87.	
140 SHOWER/TUB INSTALLATION RM #245&249					
12/20/21	2,000.	867. SL	7.00	286.	
141 MATERIALS FOR RM #'S 245 & 249					
12/21/21	1,650.	714. SL	7.00	236.	

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142	TANKLESS WATER HEATER						
	02/02/23	8,586.	2,346.	SL	7.00	1,227.	
143	STREET SIGN	04/19/23	16,116.	3,923.	SL	7.00	2,302.
144	FLOORING FOR GENESIS PROJECT	09/12/23	6,217.	1,158.	SL	7.00	888.
145	REMODEL 214, 217, 222	11/28/23	80,303.	12,540.	SL	7.00	11,472.
146	REMODEL 271/INSTALL CEILING	12/12/23	4,777.	720.	SL	7.00	682.
147	2024 POOL RENOVATIONS	07/16/24	42,602.		SL	7.00	2,536.
148	2024 MP ROOM REMODEL/RENOVATIONS	10/18/24	271,081.		SL	7.00	6,454.
149	CISSEL DRYER 75 LB.	03/21/13	4,825.	4,825.		7.00	0.
150	WOOD CHIPPER	12/31/13	9,842.	9,842.		7.00	0.
151	FREEZER	12/31/13	13,315.	13,315.		7.00	0.
152	FREEZER INSTALLATION	12/31/13	3,402.	3,402.		7.00	0.
153	LAWN MOWER	12/31/13	5,281.	5,281.		7.00	0.
154	FREEZER	02/24/14	2,200.	2,200.		7.00	0.
155	COMPUTER - DON TENDVAHL	03/11/14	2,505.	2,505.		7.00	0.
156	DRUM CHIPPER REPLACEMENT	05/13/21	7,669.	5,581.		5.00	0.
157	WALK IN FREEZER COMPRESSOR	08/31/21	3,200.	2,136.		5.00	0.
158	COMPUTER - HAROLD	12/14/21	2,781.	1,696.		5.00	0.
159	WATER HEATER - KITCHEN	07/16/21	2,294.	1,589.		5.00	0.
160	TRUE UP 2022	12/30/18	-3,038.	-3,651.		5.00	0.
161	TRANSFORMER FOR CONEX REFRIGERATED CONTAINER	07/09/24	4,459.			5.00	0.
TOTAL TO FORM 3885		1,933,298.	690,801.			124,482.	

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](http://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.

<p><b>EAST COUNTY TRANSITIONAL LIVING CENTER</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><b>1527 E. MAIN ST.</b> Address (Number and Street)</p> <p><b>EL CAJON, CA 92021</b> City or Town, State, and ZIP Code</p> <p><b>619-442-0457</b>      <b>JHAYDEN@ECTLC.ORG</b> Telephone Number      E-mail Address</p>		<p>Check if:</p> <p><input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  <input type="checkbox"/> Organization requests email notifications</p>
		<p>State Charity Registration Number <b>0153985</b></p> <p>Corporation or Organization No. <b>3223355</b></p> <p>Federal Employer ID No. <b>27-0865318</b></p>

**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 **01/01/2024** ending **12/31/2024** ) list:

Total Revenue (including noncash contributions) \$	<b>6,306,579</b>	Noncash Contributions \$	<b>2,820,700</b>	Total Assets \$	<b>2,238,826</b>
Program Expenses \$	<b>5,147,645</b>			Total Expenses \$	<b>6,144,261</b>

**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?	SEE STATEMENT 9	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

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 9

ALPINE SCHOOL DISTRICT  
CAJON VALLEY SCHOOL DISTRICT  
CITY OF EL CAJON  
CITY OF SANTEE  
COUNTY OF SAN DIEGO