Fallbrook Food Pantry 140 N. Brandon Road Fallbrook, CA 92028

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

STATE OF CALIFORNIA	ı				DEPARTMENT		JSTICE
RRF-1 (Rev. 01/2024) MAIL TO:		IUAL REGISTRATION RENEW			(For Registry Use Only)	r Ac	
Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470		TO ATTORNEY GENERAL OF ections 12586 and 12587, California	Governme	nt Code			
STREET ADDRESS: 1300 Street Sociemente CA 05814	Failure to su	11 Cal. Code Regs. sections 301 ubmit this report annually no later than four months a					
Sacramento, CA 95814 WEBSITE ADDRESS:	-	n's accounting period may result in the loss of tax e of \$800, plus interest, and/or fines or filing penalties	-				
www.oag.ca.gov/charities		23703; Government Code section 12586.1. IRS exte	ensions will be h	nonored.			
			Check if:				
FALLBROOK FOOD	PANTRY			ange of address nended report			
Name of Organization				ganization requests e	mail notifications		
List all DBAs and names the organization	uses or has used						
140 N. BRANDON	ROAD		State Ch	arity Registration Nu	mber <u>A463570</u>		
Address (Number and Street)	0 2 0 2 0				1690006		
FALLBROOK , CA City or Town, State, and ZIP Code	92028 TREAS	URER@FALLBROOKFOOD	Corporat	ion or Organization N	10. 1089200		
760-728-7608 Telephone Number	E-mail Addres		Federal E	Employer ID No. 33	8-0491216		
ANNUAL	REGISTRATIO	N RENEWAL FEE SCHEDULE (11 C Make Check Payable to Departr			07, and 310)		
Total Revenue	Fee	Total Revenue	Fee	Total Revenue		Fe	
Less than \$50,000 Between \$50,000 and \$100,0	\$25 00 \$50	Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millior	\$100 n \$200		,001 and \$100 million 0,001 and \$500 millior	\$80 \$1.	00 ,000
Between \$100,001 and \$250,		Between \$5,000,001 and \$20 millio		Greater than \$500			,200 ,200
PART A - ACTIVITIES			22		0000		
	ill accounting	period (beginning 01/01/20	<u>43</u> en	ding <u>12/31/2</u>	1023) list:		
(including noncash contributions) \$		946 Noncash Contributions \$		35952 Total Ass		894	29
Program Expen		2706571		enses \$	2878171		
PART B - STATEMENTS REG		GANIZATION DURING THE PERIOD	OF THIS RI	EPORT			
		you answer "yes" to any of the ques Is for each "yes" response. Please re				Yes	No
		any contracts, loans, leases or other fi of, either directly or with an entity in w					x
	od, was there a	any theft, embezzlement, diversion or r	misuse of th	ne organization's cha	ritable property		<u> </u>
or funds?							X
		rganization funds used to pay any pen					x
4. During this reporting period commercial coventurer us	,	ervices of a commercial fundraiser, fun	idraising co	unsel for charitable p	urposes, or		x
5. During this reporting period	od, did the org	anization receive any governmental fu	nding?	SEE S	TATEMENT 8	x	
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	irposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
5		ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance w	ith	x	
9. At the end of this reportin	ıg period, did t	he organization hold restricted net ass	ets, while r	eporting negative unr	restricted net assets?		x
		ve examined this report, including ac complete, and I am authorized to sig		ng documents, and	to the best of my know	wledg	-
			-				
Signature of Authorized Agent		AE GAWLAK		EXECUTIVE D	DIRECTOR Date		

CA RRF-1	Information	Regarding	Governmental	Funding	Statement	8
		Part B,	Line 5			

The Organization received a \$3,800 in grants from the Fallbrook Union Elementary School District for the Learning Center

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	Fallbrook Food Pantry			
	Name chang	—	33-049121	LG	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			760-728-7	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3013956.
	Amen	FAIIDIOOK, CA 92020		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: SIIAC Gawlar		for subordinates	
		same as C above		H(b) Are all subordinates in	No Ves
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 '	list. See instructions
_	Vebsi			H(c) Group exemption	
	orm o	rorganization: X Corporation Trust Association Other	L Year	of formation: 2004 N	State of legal domicile: CA
Гс			id the	an in the ac	
e		Briefly describe the organization's mission or most significant activities: $\underline{To} \ a$, who are in need of food; to refer those i			
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed			
/err	2				12
ĝ	-	Number of independent voting members of the governing body (Part VI, line 1b)			12
ა ა		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		·····	5
itie		Total number of volunteers (estimate if necessary)			0
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2519454.	2832276.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
even and a second secon	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		513.	5545.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60263.	80125.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2580230.	2917946.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		219466.	280648.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1336		2368019.	2597523.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2587485.	2878171.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-7255.	39775.
or es	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		1670104.	1689429.
Assets Balanc	20			556205.	535755.
Vet /	1	Net assets or fund balances. Subtract line 21 from line 20		1113899.	1153674.
Pa	art II	Signature Block			11000/11

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	Signature of officer		Date	
	Shae Gawlak, Executive Dir	rector		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Scott Maxwell		06/13/24	
Preparer	Firm's name Swenson Advisors	LLP	Firm'	sEIN 33-0810710
Use Only	Firm's address 25220 Hancock Ave	., Suite 240		
	Murrieta, CA 9256	2	Phon	eno.(951) 445-4700
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form 990 (2023)

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2023) Fallbrook Food Pantry	33-0491216	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		_
	To provide an adequate and nutritious supply of food t		in
	the community who are in need while improving the heal		
	community through education on healthy food choices an	d preparation.	
2	Did the organization undertake any significant program services during the year which were not listed on the		37
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	A 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	itners, the total expenses, ar	na
40	revenue, if any, for each program service reported.	2185	952.)
4a	(Code:) (Expenses \$2612161. including grants of \$) (F Market Distribution	levenue \$ 2105)
	Qualified families are entitled to food items based on	family size a	nd
	are determined by a menu that is developed each week,		
	to provide balanced meals for 4-5 meals per week. This		cu
	approximately 10-12 pounds per person within each clie		On
	the last Wednesday of every month, participants may re		
	produce from the Pantry at the Life Point Church parki		
	Pantry distributes governmental commodities delivered		qo
	Food Bank to clients. The Pantry distributes Emergency		
	Program (EFAP) items to clients during the third full		
	month. The Pantry also offers this program to senior c		
	extended hours on Wednesday afternoons during the sche	duled EFAP	
4b	(Code:) (Expenses \$94410 . including grants of \$) (F		186.)
	Education/Learning Center		
	Rooted in Wellness is a comprehensive, evidence-based		
	tailored for youth and adults, centered around horticu		
	ecosystems, and daily life skills. It offers education		es
	in health and wellness, nutrition, occupational develo		
	personal growth to communities facing diversity, equit		on
	disparities. By utilizing our educational approaches a		
	healthcare monitoring, Rooted in Wellness aims to tack		
	food insecurity, socioeconomics, and social determinan program is designed to mitigate inequities that contri		The
	development of diseases in at-risk and disadvantaged c		
	Rooted in Wellness is a very diverse curriculum that c		ted
40	(Code:) (Expenses \$ including grants of \$) (F		
40			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2706571.		
			990 (2023)
332002	2 12-21-23 See Schedule O for Continuation	1(S)	
306	13 793388 4012.4012 2023.03050 FALLBROOK FC		4012.
	(1)		

Form	990	(2023)
FUIII	330	120201

Form 990 (2023) Fallbrook Food Pantry
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
32003	3 12-21-23	Form	990 ((2023)

Form	990	(2023)

 Form 990 (2023)
 Fallbrook
 Food
 Pantry

 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		<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25 0		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"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	Х	
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
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990	(2023)
332004	¥ 12-21-23	rorm	530	(2023)

	990 (2023) Fallbrook Food Pantry 33-04912 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	216	P	_{age} 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		N.	N
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the second	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	17		
332005	12-21-23	Form	990	(2023)

Form 990	(2023)
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19

Section A. Governing Body and Management

Fallbrook Food Pantry

3	3–	٥	49	1	21	6	Page 6
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X

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	
Check if Schedule O contains a response of hote to any line in this Part vi	

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	2						
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	2						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other							
	officer, director, trustee, or key employee?			2		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?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		X X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:							
	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue (Code.)							
					Yes	No				
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,							
				10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	11a	X					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				x					
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b				12a						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confl		12a 12b						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	to confl es," de	scribe	12b	X					
с	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de	scribe	12b 12c	X	v				
с 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy?	to confl es," de	scribe	12b 12c 13	X	X				
с 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	to confl es," de	scribe	12b 12c	X	X X				
с 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de	scribe	12b 12c 13	X					
с 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de by ind	scribe ependent	12b 12c 13 14	x					
с 13 14 15 а	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de by ind	scribe ependent	12b 12c 13 14	X X X X	X				
с 13 14 15 а	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	to confl es," de by ind	scribe ependent	12b 12c 13 14	X X X X					
с 13 14 15 а b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de by ind	scribe ependent	12b 12c 13 14	X X X X	X				
с 13 14 15 а b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es," de by ind	scribe ependent	12b 12c 13 14 15a 15b	X X X	X X				
c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year?	to confl es," de by ind	scribe ependent	12b 12c 13 14	X X X	X				
c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	to confl es, " de by ind hent wi	scribe ependent th a rticipation	12b 12c 13 14 15a 15b	X X X	X X				
c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es, " de by ind bent wi e its pa zation'	scribe ependent th a rticipation s	12b 12c 13 14 15a 15b 16a	X X X X	X X				
с 13 14 15 а b 16а b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i>	to confl es, " de by ind bent wi e its pa zation'	scribe ependent th a rticipation s	12b 12c 13 14 15a 15b	X X X X	X X				
c 13 14 15 16a b <u>Sec</u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements ?	to confl es, " de by ind bent wi e its pa zation'	scribe ependent th a rticipation s	12b 12c 13 14 15a 15b 16a	X X X X	X X				
c 13 14 15 16a b <u>Sec</u> 17	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>CA</u>	to confl es, " de by ind hent wi e its pa zation	scribe ependent th a inticipation s	12b 12c 13 14 15a 15b 16a 16b		X X X				
c 13 14 15 16a b <u>Sec</u>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements ?	to confl es, " de by ind hent wi e its pa zation	scribe ependent th a inticipation s	12b 12c 13 14 15a 15b 16a 16b		X X X				

Own website X Upon request Other (explain on Schedule O) Another's website 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 yes	ar.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Shae Gawlak - 760-728-7608

140 N. Brandon Road, Fallbrook, CA 92028

332006 12-21-23

Form **990** (2023)

Form 990 (2023)	Fallbrook Food Pantry	33-0491216	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if So	chedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated E	mployees							
	e for all persons required to be listed. Report compensation for the cale	, , ,	,						

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-NEĆ) 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week		cer ar	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	L_	mploy	st col	L.	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) Shae Gawlak	40.00									
Executive Director				Х				97500.	0.	0.
(2) Tim Willard	5.00									
President		Х		Х				0.	0.	0.
(3) Cindy Diaz	3.00									
Treasurer		Х		Х				0.	0.	0.
(4) Cathy Conrad	1.00									
Member		Х						0.	0.	0.
(5) Catherine Sousa	1.00									
Member		Х						0.	0.	0.
(6) Jean Dooley	1.00									_
Member		х		X				0.	0.	0.
(7) Pete Fredericksen	1.00									-
Member		х						0.	0.	0.
(8) Bruce McMann	1.00									-
Member		Х						0.	0.	0.
(9) Jeff Brantley	1.00									
Member		х						0.	0.	0.
(10) Zane Zamora	1.00									
Member		х						0.	0.	0.
(11) Rick Koole	1.00									
Member	1 00	Х						0.	0.	0.
(12) Jason Kendall	1.00								•	<u> </u>
Member	1 00	Х						0.	0.	0.
(13) Julie Reeder	1.00								0	0
member		Х						0.	0.	0.
						-				
		-								
						-				
								I		

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Form 990 (2023)

Form 990 (2023) Fallbrool	c Food F	'an	ltr	Y					33-04	912	16	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	Oer (do not check more box, unless person			ition more rson i	than c s both	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F) Estima amour oth	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compen from organiz and re organiza	sation the ation lated
		-										
		-										
		-										
1b Subtotal								97500.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							<u> </u>		0.		0.
2 Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer,										F	Ye 3	s No X
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i>	accrue comper	isati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest co	-	-								ensatio	on from	
the organization. Report compensation for (A) (A) Name and business						or wit	Inin	(B) Description of s		Со	(C) mpensat	tion
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	niteo	d to f	thos (ted	above) who received mo	ore than			
										F	orm 99(J (2023)

				ok F	000	l Pantry			33-0491	216 Page
Parl	t VII	Statement of Rev	venue							
		Check if Schedule O o	contains	a respo	nse c	or note to any line				
							(A)	(B)	(C) Unrelated	(D) Revenue excluded
							Total revenue	Related or exempt function revenue		from tax under
										sections 512 - 51
s s	1 a	Federated campaigns		1a						
in in	b									
and Other Similar Amounts	с	Fundraising events								
r A	d	Related organizations								
nila ,										
Sin	f	All other contributions, gifts,								
le l	'	similar amounts not included				2832276.				
8						2185952.				
P P	g					21039321	2832276.			
ס כ	h	Total. Add lines 1a-1f					20322/0.			
						Business Code				
5	2 a									
6	b									
Revenue	С									
e Ke	d									
200	е									
	f	All other program service	revenue							
		Total. Add lines 2a-2f								
	3	Investment income (includ								
							5545.			5545
	other similar amounts)Income from investment of tax-exempt bond proceeds					ſ				
	5			•	•	1				
	5	Royalties		(i) Real		(ii) Personal				
	-	a								
	6 a		6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of	(i)) Securiti	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
evenue	с	Gain or (loss)	7c							
Rev		Net gain or (loss)								
erF		Gross income from fundraisir								
Other	• -	including \$								
		contributions reported on								
					8a	176135.				
		Part IV, line 18			oa 8b	96010.				
		Less: direct expenses					80125.			80125
		Net income or (loss) from					00123.			00125
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
	С	Net income or (loss) from	gaming	activities	s					
•	10 a	Gross sales of inventory, I	ess retu	rns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from			y					
	-	, <i>,</i>				Business Code				
n .	11 a									
ne					—					
Ven	b				—					
Revenue	c	All a Ha a u			—					
Ĭ		All other revenue								
2	-	Total. Add lines 11a-11d								
	<u>e</u> 12	Total revenue. See instruction					2917946.	0.	0.	85670

	Check if Schedule O contains a respons		his Part IX	<u>(0)</u>	
	not include amounts reported on lines 6b, 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				
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	257566.	198984.	7323.	51259.
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2832.	2109.	90.	633.
10	Payroll taxes	20250.	15640.	576.	4034.
11	Fees for services (nonemployees):				
а	Management	35612.	26519.	1137.	7956.
b	Legal				
с	Accounting	20877.	15547.	666.	4664.
d	Lobbying				
е	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 0.)				
12	Advertising and promotion	25514.	5356.		20158.
13	Office expenses	36596.	15537.	18751.	2308.
14	Information technology	13997.	10423.	447.	3127.
15	Royalties				
16	Occupancy	59064.	45539.	1682.	11843.
17	Travel	1151.	1151.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3078.		3078.	
20	Interest	22917.	17066.	731.	5120.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	64552.	48071.	2060.	14421.
22	Insurance	8812.	6562.	281.	1969.
23 24	Other expenses. Itemize expenses not covered				
27	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 0.)				
а	Donated food and servic	2229782.	2229782.		
b	fundraising	49231.	49231.		
c	Other Expenses	26340.	19054.	1080.	6206.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2878171.	2706571.	37902.	133698.
<u>25</u> 26	Joint costs. Complete this line only if the organization		_, ,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Form 990 (2023)

Fallbrook Food Pantry 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

332010 12-21-23

Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

Fallbrook Food Pantry

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			196410.	1	185365.
	2	Savings and temporary cash investments			121394.	2	129870.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4	14150.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · ·		7		
Assets	8	Inventories for sale or use			59989.	8	50286.
As	9	Prepaid expenses and deferred charges			5090.	9	6200.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1571613.			
	b	Less: accumulated depreciation	10b	317555.	1287221.	10c	1254058.
	11	Investments - publicly traded securities			0.	11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	49500.	
	16	Total assets. Add lines 1 through 15 (must equ			1670104.	16	1689429.
	17	Accounts payable and accrued expenses		21217.	17	38572.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
lide		controlled entity or family member of any of the	se persor	าร		22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	I parties	514172.	23	486802.
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	5 17-24).	Complete Part X			
		of Schedule D			20816.	25	10381.
	26	Total liabilities. Add lines 17 through 25			556205.	26	535755.
		Organizations that follow FASB ASC 958, che	ck here				
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9	58, chec	k here X			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec	quipment	fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated in	come, or	r other funds	1113899.	31	1153674.
Net	32	Total net assets or fund balances			1113899.	32	1153674.
	33	Total liabilities and net assets/fund balances .			1670104.	33	1689429.

Form 990 (2023)

2023.03050 FALLBROOK FOOD PANTRY

	1 990 (2023) Fallbrook Food Pantry	33-0491	216	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	291		
2	Total expenses (must equal Part IX, column (A), line 25)	2	287		
3	Revenue less expenses. Subtract line 2 from line 1	3		97	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111	.389	99.
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	115	536	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule 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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the o	rganization
---------------	-------------

Nar	ne of t	the organization							identification number			
_			brook Food						3-0491216			
Pa	nrt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
	X	An organization that norma	-					ne deneral r	ublic described in			
•		section 170(b)(1)(A)(vi). (C			onn a gove			ie general p				
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)							
9	H	An agricultural research org				ad in coniu	unction with a	land-grant	college			
3		or university or a non-land-g	-			-		-	-			
		university:	grant conege of agrico			name, ony	, and state of	the college				
10		An organization that norma	lly receives (1) more t	than 22 1/20/ of its supr	ort from o	ontributior	n momborob	in food and	d aroon ronninto from			
10												
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	inter June 30, 1975.			
		See section 509(a)(2). (Con					0(-)(4)					
11	\square	An organization organized a	•									
12		An organization organized a	-	•	-			-				
		more publicly supported or	-						neck the box on			
	_	lines 12a through 12d that						-				
a		Type I. A supporting orga	-		• • • •	-						
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting			
	_	organization. You must o	-									
b		Type II. A supporting org	-				-		-			
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,			
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.					
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness			
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
<u>ç</u>		vide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
_												
Tota	al											

Part II

Fallbrook Food Pantry

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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2166393.	2782250.	2405124.	2519454.	2832276.	12705497.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2166393.	2782250.	2405124.	2519454.	2832276.	12705497.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						12705497.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	2166393.	2782250.	2405124.	2519454.	2832276.	12705497.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1024.	1994.	3119.	664.	5329.	12130.		
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.)	88672.	69534.	47421.	144267.	176135.	526029.		
11	Total support. Add lines 7 through 10						13243656.		
12		etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and stor	bhere							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.94 %		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>95.99 %</u>		
16a	33 1/3% support test - 2023. If the o					ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test		•••						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-		~			
b	0 10% -facts-and-circumstances test	-			-				
	more, and if the organization meets th	-							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s		
							(Form 990) 2023		

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	Schedule A	Form	990) 2023
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 Schedule A (Form 990) 2023
 Fallbrook Food Pantry

 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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support				_				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	 Unrelated business taxable income 								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	•			•				
_	check this box and stop here		•						
	ction C. Computation of Publ								
	Public support percentage for 2023 (.,,		15			%
	Public support percentage from 2022					16			%
	ction D. Computation of Inves		•						
	Investment income percentage for 20					17			<u>%</u>
18	Investment income percentage from					18	(= = =	7 :	%
198	a 33 1/3% support tests - 2023. If the						6, and line 17	r is not	\neg
	more than 33 1/3%, check this box a						- 00 1 /00/	L	
k	33 1/3% support tests - 2022. If the	-						nu L	
20	line 18 is not more than 33 1/3%, che							L	\exists
	Private foundation. If the organization	on did hot check a	DUX OFFICE 14, 19	a, of 190, check th	THE DUX AND SEE INS			[Form 990) 20	<u></u>
JJ20	23 12-21-23						JUNEUUIE A	11 UIII 33UI 20	<i>, 2</i> 0

Fallbrook Food Pantry

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

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

332024 12-21-23

Schedule A (Form 990) 2023

	(Form 990) 2023	Fallbrook
Part IV	Supporting O	rganizations (continued)

Fallbrook Food Pantry

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>	
	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		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>l. or controlled the</u>	e supporting or	ganization.
Section C. Ty	pe II Suppor	ting Organi	zations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaiea<i>ieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaiea<i>iaaiaaiaaiaaaaaaaa<i>aaaaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

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

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

- 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.

2a 2b 3a 3b

Schedule A (Form 990) 2023

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	1
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Fallbrook	Food	Pantry	
محمد محمد ابرالمم			Ormanizations

Sche	dule A (Form 990) 2023 Fallbrook Foo			3	3-0491216 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

2023.03050 FALLBROOK FOOD PANTRY

Schedule A	(Form 990) 2023	Fallbrook	Food I	Pantry		33-0491216 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	lines 2 and 3; Part IV,	Section E,	lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a I 11c; Part IV, Section B, line 3a, and 3b; Part V, line 1; Pa mplete this part for any add	a or 17b; Part III, line 12; ss 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the exercit

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

33-0491216

Fallbrook	Food	Pantry

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Fallbrook Food Pantry

Name of organization

Employer identification number

33-0491216

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Fallbrook Regional Healthcare District X Person Payroll P.O. Box 2587 112700. Noncash \$ (Complete Part II for Fallbrook, CA 92028 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 San Diego Foundation X Person Payroll 2508 Historic Decatur Rd., Ste. 200 85500. Noncash (Complete Part II for san diego, CA 92106 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Feeding San Diego-Feeding America Person Payroll 9455 Waples St 135 1141201. Noncash X \$ (Complete Part II for san diego, CA 92121 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 SD Food Bank Person Payroll 1445 Engineer st 110 Noncash \$ 150795. X (Complete Part II for Chula Vista, CA 92081 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Community Donations Person Payroll Unknown 264594. Noncash X (Complete Part II for fAllbrook, CA 92028 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Grocery Outlet Person Payroll 1101 S Main ave 61173. Noncash \$ X (Complete Part II for fallbrook, CA 92028 noncash contributions.) Schedule B (Form 990) (2023)

323452 12-26-23

15430613 793388 4012.4012

Schedule B (Form 990) (2023)

_

Name of organization

Employer identification number

33-0491216

Fallbrook Food Pantry

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EFAP and Neighborhood Distribution 9850 Distribution Ave san diego, CA 92121	\$422376.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occurrence (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2**

323452 12-26-23

-	

(a)

No.

from

from Part I	Description of noncash property given	(See instructions.)	Date received
	Food Donations		
3			
		<u> </u>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	Food Donations		
4			
		\$ <u>150795.</u>	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
raiti	Food Donations		
5			
		\$264594 .	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
6	Food Donations		
0			
		\$ 61173.	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	Food Donations		
7			
		\$ <u>422376.</u>	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		—	
		\$	

Fallbrook Food Pantry

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

(b)

Description of noncash property given

323453 12-26-23

Schedule B (Form 990) (2023)

Employer identification number

(d)

Date received

33-0491216

(c)

FMV (or estimate)

Name of o	rganization				Employer identification number	
Fallb	rook Food Pantry				33-0491216	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following haritable, etc., contributions of \$1	line entry. For or	anizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
		(e) Transfe				
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of trai	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990) (2023)

		0		0		OMB No. 1545-0047	
SC	HEDULE D	Supplementa				OWB NO. 1343-0047	
(Forr	n 990)	Complete if the orga				2023	
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 A	, 11a, 11b, 11c, 11d,	11e, 11f, 12a, or 12b.		Open to Public	
	Revenue Service	Go to www.irs.gov/Form99		d the latest information.		Inspection	
Nam	e of the organization	on Fallbrook Food Pant	trv		Em	ployer identification numb 33-0491216	er
Pa	tl Organiza	ations Maintaining Donor Advise		r Similar Funds or A			
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor ad	vised funds	(b) Fur	nds and other accounts	
1	Total number at er	nd of year			. ,		
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		s held in donor advised fu	nds		
	-	on's property, subject to the organization's	-			Yes N	No
6		on inform all grantees, donors, and donor a					
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose confe	erring		
	impermissible priva						No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered	"Yes" on Form 990, Part I	V, line 7		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that app	ly).			
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a his	storically	important land area	
	Protection o	of natural habitat		Preservation of a ce	rtified hi	storic structure	
	Preservation	n of open space					
2		through 2d if the organization held a qualif	ied conservation con	tribution in the form of a c	conserva		
	day of the tax year					Held at the End of the Tax Ye	ar
а							
b	-	-					
c		vation easements on a certified historic stru			2c		
d		vation easements included on line 2c acqu	• •	•			
		ture listed in the National Register					
3		vation easements modified, transferred, rel	eased, extinguished,	or terminated by the orga	nization	during the tax	
4	year		amont is located				
4 5		where property subject to conservation eas tion have a written policy regarding the per		oction bandling of			
5		orcement of the conservation easements it	h - 1-1-0			Yes N	No
6	,	r hours devoted to monitoring, inspecting,		and enforcing conservat			10
Ŭ			nandling of violations	, and emotoring conserva		smente during the year	
7	Amount of expens	 ses incurred in monitoring, inspecting, hanc	lling of violations, and	l enforcing conservation e	asemen	ts during the year	
						···· ·································	
8	Does each conser	vation easement reported on line 2d above	satisfy the requireme	ents of section 170(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?				Yes 📃 N	No
9		be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	on's financial statements t	hat dese	cribes the	
	organization's acc	ounting for conservation easements.					
Pa		ations Maintaining Collections of	-	reasures, or Other	Simila	ir Assets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	•	elected, as permitted under FASB ASC 95	· •				
		easures, or other similar assets held for pub			ance of	public	
	· •	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education	n, or research in furtheran	ce of pu	blic service,	
	•	ing amounts relating to these items.					
		ded on Form 990, Part VIII, line 1				\$	
-		ed in Form 990, Part X				\$	
2	•	received or held works of art, historical tre		U U	, provid	e	
	•	unts required to be reported under FASB A	•			•	
а	Revenue included	on Form 990, Part VIII, line 1				\$	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 \$

PartILII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's accussion, and other records, check any of the following that make significant use of its collection items (check all that apply). a a Public exhibition d Loan or exchange program b Cholany' research e Other c Provide a deception of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. The organization's accussion of art, historical treasures, or other similar assets to be explore than to be maintained as and of the conganization accussion? Yes No Particle advectoring the organization solutions of art, historical treasures, or other similar assets to receive donations of art, historical treasures, or other similar assets to receive an anount on form 500. Part X, Ine 21. Is the organization an agent, trustee, custofain, or other intermediary for contributions or other assets not included on form 500. Part X, Ine 21. Is the organization include an amount on Form 500. Part X, Ine 21. 14 Is the organization include an amount on Form 500. Part X, Ine 21. Is the organization include an amount on Form 500. Part X, Ine 21. 2 Did the organization include an amount on Form 500. Part X, Ine 21. Is the organization include an amount on Form 500. Part X, Ine 21. 2 Did the organization include an amount on Form 500. Part X, Ine 21.	Sche	dule D (Form 990) 2023 Fallbro	ok Food Par	ntry				33-04	9121	6 Ра	_{age} 2
collection terms (check all that apply). a Delta exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	collections of Ar	t, Historic	al Treasures, o	or Othe	r Simila	r Assets	conti	nued)	
a Public exhibition d Can or exchange program b Scholary research 0 Other	3	Using the organization's acquisition, access	ion, and other record	s, check any	of the following tha	at make s	ignificant ι	use of its			
b Scholary research e Other c 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, dd the organization solicit or receive donations of art, historical treasures, or other similar assets to to be solid to raise hunds rather than to be maintained as part of the organization sollection? Yes No Part W Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X 2 No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount To c Beginning balance Intervention of the organization answered 'Yes' on Form 990, Part X, line 21. No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part Yes' No b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII Part Yes' No b Contributors Intervease back (d) Prov year / Se' on Form 990, Part Y, line 10. Intervease back (d) prov year / Se' on Form 990, Part Y, line 10. c Other expen		collection items (check all that apply).									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three 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 answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization and explain the treamediary for contributions or other assets not included on Form 990, Part X, line 21. 15 Is the organization and explain the treamediary for contributions or other assets not included on Form 990, Part X, line 21. 16 Is the organization include an amount on Form 990, Part X, line 21, for secret verse or custodial account liability? C Boginning balance C Boginning C Part XIII. Check here II the explanation has been provided in Part XIII C Both ergeneritation for the organization answered 'Yes' for 500 Part X, line 10. C Boginning of year balance C Boginning balance C Bogi	а	Public exhibition	c	I 🗌 Loar	or exchange prog	ram					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list here analyzed in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization and explain has the part XIII. Or horm 900, Part X, line 21, for escrow or custodial account liability? Is a list in explanation include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list in earangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization and the explanation has been provided in Part XIII Contributions Is a Beginning of year balance	b	Scholarly research	e	e 🗌 Othe	r						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Part W Escrow and Outstodial Arrangements Complete if the organization assetemed "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization asgement in Part XIII. Part W 1a Is the organization angement in Part XIII and complete the following table: Amount 1c data during the year 1d 2a Odd 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. Pert V Indom 2a Did the organization solutions Id of Current year 1d Id Id 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. In the organization answered 'Yes' on Form 990, Part W, line 10. 1a Garants or scholarships Indom <	с	Preservation for future generations									
to be old 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 8, or reported an amount on Form 990, Part X, line 21. The is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part IV, line 10, and the part III and complete the following table: Amount c Beginning balance 1d Amount c Beginning balance 1d Id d Additions during the year 1d Id Id e Distributions during the year 1d Id Id d If Yes, 'sogilan the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Im Im Part V Endowment FundS complete if the explanation has been provided in Part XIII Im Im e 0 Drin'year (O) Two years back (d) Three years back (e) Four years back a Beginning of year balance im im im im e Other explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII im im	4	Provide a description of the organization's c	ollections and explair	n how they fu	rther the organizat	ion's exe	mpt purpo	se in Part	XIII.		
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, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X // line X // line 21. Ves No b If "Yes," explain the arrangement in Part XII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escrow or custodial account liability? Image: Complete intermediary for escrow or custodial account liability? Ves No b If "Yes", explain the arrangement in Part XII. Image: Complete int the cognization answered "Yes" on Form 990, Part IV, line 10. Image: Complete int Part XII Image: Complete int Part XIII Image: Complete int Part XIII <th>5</th> <th>During the year, did the organization solicit of</th> <th>or receive donations of</th> <th>of art, historio</th> <th>al treasures, or oth</th> <th>er simila</th> <th>r assets</th> <th></th> <th>_</th> <th></th> <th>_</th>	5	During the year, did the organization solicit of	or receive donations of	of art, historio	al treasures, or oth	er simila	r assets		_		_
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? No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered 'Yes' 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 (e) Four years back for a sort shall be and programs or scholarships (e) Current year (b) Prior year (c) Two years back (e) Four years back for a sort scholarships (e) Four years back for a sort scholarships c Not investment earnings, gains, and losses	_										No
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 Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Amount Image: Complete the following table: Amount Image: Complete table: Image: Complete table: Amount Image: Complete table: I	Par			te if the orga	nization answered	"Yes" on	Form 990,	Part IV, li	ne 9, or		
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1a Beginning of year balance											
b Contributions			(a) Current year	(b) Prior	rear (c) Two ye	ars back	(d) Three y	/ears back	(e) Fou	r years	back
b Contributions	1a	Beginning of year balance									
c Net investment earnings, gains, and losses	b										
e Other expenditures for facilities and programs	с										
e Other expenditures for facilities and programs	d	Grants or scholarships									
f Administrative expenses	е										
g End of year balance		and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) 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? (ji) Related organizations? b If "Yes" on line 3a(ii), are the related 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 (other) (b) Cost or other depreciation 1a Land 5000000. 5000000. b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. e Other 214833. 52907. 161926.	f										
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? b If "Yes" on line 3a(ii), are the related 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 (other) b Buildings 5000000. 5000000. 5000000. b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. d Equipment 266857. 197815. 69042. e Other 214833.	g	End of year balance									
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:	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, col	umn (a)) held as:						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 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? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations listed as required on Schedule R? (iii) 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Cost or other basis (other) (f) Book value (h) Cost or other basis (other) (i) Book value (f) Book v	а	Board designated or quasi-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? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iiii) Related organizations? (iii) Related 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment <	b	Permanent endowment	%								
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? (iii) Related organizations? (iii) Related organizations? (iii) The state organization are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) (a) (a) (a) (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	с	Term endowment	%								
organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3c		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land 500000. 500000. b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. e Other 214833. 52907. 161926.	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held and administe	ered for th	ne				
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5000000 5000000. b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. e Other 214833. 52907. 161926.		5 ,								Yes	No
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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)(c) Accumulated depreciation(d) Book value1a Land500000.500000.b Buildings589923.66833.523090.c Leasehold improvements266857.197815.69042.e Other214833.52907.161926.	4			wment funds							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land500000.500000.b Buildings589923.66833.523090.c Leasehold improvements266857.197815.69042.e Other214833.52907.161926.	Fai			Dout IV line	11a Saa Farm 00		line 10				
basis (investment) basis (other) depreciation 1a Land 500000. 500000. b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. e Other 214833. 52907. 161926.						1		.			
b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. d Equipment 214833. 52907. 161926.		Description of property		•	,	1		ed	(d) Boo	k valu	е
b Buildings 589923. 66833. 523090. c Leasehold improvements 266857. 197815. 69042. e Other 214833. 52907. 161926.	1a	Land									
c Leasehold improvements 266857. 197815. 69042. d Equipment 214833. 52907. 161926.					589923.		668	33.	5	230	90.
d Equipment 266857. 197815. 69042. e Other 214833. 52907. 161926.	с				-						
	d	Equipment									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	-										
	<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10c. </u>	olumn (B))				12	540	58.

Schedule D (Form 990) 2023

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(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)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
			ond of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	(B))		
Part X Other Liabilities			••
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X. line	25.
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, , ,	(b) Book value
(1) Federal income taxes			
			5853.
(2) Credit card payable			
(2) Credit card payable			
(3) Lease Obligation			
(3) Lease Obligation (4)			
(3) Lease Obligation (4) (5)			
(3) Lease Obligation (4) (5) (6)			
(3) Lease Obligation (4) (5) (6) (7)			
(3) Lease Obligation (4) (5) (6) (7) (8)			
(3) Lease Obligation (4) (5) (6) (7)			4528.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2023

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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)		
(B) (C)		
(D)		
(E)		
(F)		
(G)		
(H)		

33-0491216 Page 3

15430613 793388 4012.4012

Sche	dule D (Form 990) 2023 Fallbrook Food Pantry			33-0	491216	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With F	Revenue per Re	turn		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3013	3956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3013	3956.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-96010.			
с	Add lines 4a and 4b			4c		<u>5010.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2917	7946.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total expenses and losses per audited financial statements			1	2974	<u>186.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	96015.			
е	Add lines 2a through 2d			2e		5015.
3	Subtract line 2e from line 1			3	2878	<u>3171.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	2878	3171.
Pa	t 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:

The Organization uses a loss contingencies approach for evaluating
uncertain tax positions and continually evaluates changes in tax law and
new authoritative rulings. No loss contingencies were recognized for the
years ended December 31, 2022 or 2023. The Organization did not have
unrecognized tax benefits as of December 31, 2022 or 2023 and does not
expect this to change significantly over the next 12 months. The
Organization recognizes interest and penalties accrued on any unrecognized
tax benefits as a component of income tax expense. As of December 31, 2022
and 2023, the Organization has not accrued interest or penalties related
to uncertain tax positions.

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Schedule D (Form 990) 2023

Part XI, Line 4b

Special event expenses are not included in the financials as revenue like

in the 990, they are under functional expenses.

<u>Part XI, Line 2d</u>

Special Event Expenses are included the financials under expenses, while

they are part of Net Special event revenue in the 990.

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047		
(Form 990)	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.									
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection									
Name of the organization		o www.irs.gov/Form990 for instruc	tions	and tr	te latest information		Employer i	dentification number		
3		ok Food Pantry					33-049			
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-	EZ filers are not		
	complete this part									
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be		
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. (i)			
			Yes	No						
Total										
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from	registration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

			(a) Event #1	(b) Event #2 End of	(c) Other events	(d) Total events (add col. (a) through
			Gala	Hunger Walka	3	col. (c)
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	139649.	19832.	16654.	176135
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	139649.	19832.	16654.	176135
	4	Cash prizes				
	5	Noncash prizes				
penses		Rent/facility costs				
<u>Uirect Expenses</u>	7	Food and beverages				
	8	Entertainment				
		Other direct expenses		1365.	40671.	96010
		Direct expense summary. Add lines 4 throug				96010
		Net income summary. Subtract line 10 from				80125
a	nrt I	 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
Τ			() =	(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
Hevenue						
r	1	Gross revenue				
N D	2	Cash prizes				
Sels	3	Noncash prizes				
Ň	Ū					
Ulrect Expenses	4	Rent/facility costs				
-1	5	Other direct expenses				
+	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No /*	□ No	□ No // No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	_		7.6			
	ð	Net gaming income summary. Subtract line	7 from line 1, column (d)			
	-	ter the state(s) in which the organization conc	lucts gaming activities:			
)	Enτ			states?		
		ne organization licensed to conduct gaming a				
а	ls t					
а	ls t	No," explain:				
a b	Is t If "I	No," explain:				
a b Da	Is t If "I 	No," explain:	revoked, suspended, or te	erminated during the tax y	ear?	Yes N
a b Da	Is t If "I 	No," explain:	revoked, suspended, or te	erminated during the tax y	ear?	Yes N
a b	Is t If "I 	No," explain:	revoked, suspended, or te	erminated during the tax y	ear?	Yes N

Sch	edule G (Form 990) 2023	Fallbrook	Food	Pantry	33-0	49121	6 Page 3
				ers?		Yes	No
				a member of a partnership or other entity form			
						Yes	No
13	Indicate the percentage of gamin						
a	The organization's facility					13a	%
						13b	%
				anization's gaming/special events books and r			
	Name						
	Address						
15a	Does the organization have a cor	ntract with a third party	r from wh	nom the organization receives gaming revenue?	?	🗌 Yes	No
t	If "Yes," enter the amount of gan	ning revenue received	by the or	ganization \$ and the	ne amount		
-	of gaming revenue retained by th						
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of convises provided						
	Description of services provided						
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
a	Is the organization required unde	r state law to make ch	aritable d	listributions from the gaming proceeds to			
	retain the state gaming license?					Yes	No
k	Enter the amount of distributions	required under state I	aw to be	distributed to other exempt organizations or s	pent in the		
De	organization's own exempt activi						
Pa				itions required by Part I, line 2b, columns (iii) ar	nd (v); and Par	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also prov	ide any a	additional information. See instructions.			
3320	83 09-13-23				Sched	ule G (Forr	n 990) 2023

 euppiennennai interintation	(continuea)		
			Schedule G (Form 990)

332084 04-01-23

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047 2023

Open to Public

. Inspection

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

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

Name of the organization

Employer	identification number
3	3-0491216

Fallbrook	Food	Pantry
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Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d Method of d noncash contrib	eterminin	•	5
	-		Items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles				- 11			
7	Boats and planes	X	1	30000.	Comparable	Cost	Es	<u>sti</u>
8	Intellectual property							
9	Securities - Publicly traded	X	1	3147.	Market Valu	le		
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	Х	1	19500.	Comparable	Cost	Es	<u>sti</u>
18	Collectibles							
19	Food inventory	Х	1	2185952.	Comparable	Cost	Es	<u>sti</u>
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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						`	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash			Ī	
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is cheo	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

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33-0491216 Page 2

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.

332142 09-11-23		Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

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



Fallbrook Food Pantry

33-0491216

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

medical care; to equip them to be selfsufficient, independent, and

productive members of society; and to give love and hope through

nurturing and emotional support.

Form 990, Part III, Line 4a, Program Service Accomplishments: distributions weeks. The Senior Food Program or Brown Box is a USDA program designed to improve the health of low-income seniors who are 60 years or older, residents of San Diego County, and meet program income quidelines. The Senior Food Program provides gualified clients with a monthly food package containing items such as canned vegetables, fruit juice, pasta, milk, cereal, canned meat, and a block of cheese. The Pantry coordinates the Adopt-A-Family program with community members and churches to provide children under 16 years of age with holiday gifts. During the COVID-19 lockdowns, farmers were unable to sell produce to restaurants and grocery stores in as high a capacity as usual. Due to federal government programming, food banks across the nation benefitted from the farmers' excess crops at no cost, while the government paid the farmers for their goods. The Pantry distributed the excess crops received to its clients during 2022 and 2023.

Form 990, Part III, Line 4b, Program Service Accomplishments: into any environment: food banks and pantries, schools (public, private, charter, home school co-ops), colleges/universities, churches, recreation and senior centers, youth and adult clubs, retirement communities, including Special Health Districts, Indian Reservations, For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Fallbrook Food Pantry

Employer identification number 33 - 0491216

and Homeless Shelters.

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

The draft Form 990 is reviewed by the Treasurer, Secretary, President, and

<u>the Board</u>

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

As part of the Code of Conduct, the Board signs a Conflict of Interest

Policy annually. The Conflict of Interest Policy requires directors and

officers to avoid any potential conflicts of interest and to reveal to the

Board President, or in his/her absence the President Elect or Past

President, any perceived, potential, or actual conflicts of interest.

Form 990, Part VI, Section B, Line 15a:

There are only a few paid employees throughout the year, including the

Executive Director, Programs & Operations Director, Case Manager &

Volunteer Coordinator, Receptionist & Administrative Assistant, and

Warehouse Coordinator & Driver. The Board of Directors reviews their

compensation.

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.

The process by which the organization's Board selects an independent
332212 11-14-23
Schedule O (Form 990) 2023

15430613 793388 4012.4012

Schedule O (Form 990) 2023	Page 2
Name of the organization Fallbrook Food Pantry	Employer identification number 33-0491216
accountant for oversight, review, and compilation of its f	
statements is that the Board identifies potential accounti	ng firms from
which to receive proposals that outline the services to be	provided and
the corresponding fees of those services. Selected members	of the Board
then interview the accounting firms that provided proposal	s the Board
responded positively to. The Board then votes to approve t	he selection
of the accounting firm who provided the best proposal and	performed
most appropriately in the interview, based on the fees, se	rvices, and
experience to be provided by the firm.	

Schedule O (Form 990) 2023

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