

City of Jurupa Valley

MEETING AGENDA OF THE COMMUNITY DEVELOPMENT ADVISORY COMMITTEE

Monday, June 8, 2020

Regular Meeting: 7:00 P.M.

City of Jurupa Valley City Hall

City Council Chambers

8930 Limonite Ave., Jurupa Valley, CA 92509

- A. As a courtesy to those in attendance, we ask that cell phones be turned off or set to their silent mode and that you keep talking to a minimum so that all persons can hear the comments of the public and Community Development Advisory Committee. Please note that the permission of the Chair is required before speaking with anyone at the staff table or approaching the dais.
- B. A member of the public who wishes to speak under Public Comments must fill out a "Speaker Card" and submit it to the City Staff BEFORE the Chairman calls for Public Comments on an agenda item. Each agenda item up will be open for public comments before taking action. Public comments on subjects that are not on the agenda can be made during the "Public Appearance/Comments" portion of the agenda.
- C. If you wish to address the Community Development Advisory Committee on a specific agenda item or during public comment, please fill out a speaker card and hand it to the Clerk with your name and address before the item is called so that we can call you to come to the podium for your comments. While listing your name and address is not required, it helps us to provide follow-up information to you if needed. Exhibits must be handed to the staff for distribution to the Committee.
- D. As a courtesy to others and to assure that each person wishing to be heard has an opportunity to speak, please limit your comments to 5 minutes.

REGULAR SESSION

-
- 1. 7:00 P.M. – Call to Order and Roll Call**
 - 2. Invocation**
 - 3. Pledge of Allegiance**
 - 4. Public Appearance/Comments (15 minutes)**
 - 5. Approval of Agenda**
 - 6. Approval of Minutes from the March 2, 2020 Meeting**
 - 7. Approval of Minutes from the March 9, 2020 Meeting**
 - 8. Reports from City Staff**

9. Commission Business

A. Funding Recommendations for CDBG-CV Public Service Grant Applicants

RECOMMENDATION

1. That the Community Development Advisory Committee receive a report from City staff describing the proposed expenditure plan for the CDBG-CV Public Service Grants, and;
2. That the Community Development Advisory Committee direct City staff to move forward with the expenditure plan for the CDBG-CV Public Services Grants.

10. Public Appearance/Comments

11. Committee Member Comments

12. Adjournment to the November 2, 2020 Regular Meeting

In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a meeting of the Jurupa Valley Planning Commission, please call 951-332-6464. Notification at least 48 hours prior to the meeting or time when services are needed will assist staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service.

Agendas of public meetings and any other writings distributed to all, or a majority of, the Jurupa Valley Community Development Advisory Committee in connection with a matter subject to discussion or consideration at an open meeting of the Community Development Advisory Committee are public records. If such writing is distributed less than 72 hours prior to a public meeting, the writing will be made available for public inspection at the City of Jurupa Valley, 8930 Limonite Ave., Jurupa Valley, CA 92509, at the time the writing is distributed to all, or a majority of, the Jurupa Valley Community Development Advisory Committee. The Community Development Advisory Committee may also post the writing on its Internet website at www.jurupavalley.org.

City of Jurupa Valley

DRAFT MINUTES

Community Development Advisory Committee

CITY OF JURUPA VALLEY

REGULAR MEETING

March 2, 2020

1. Call to Order and Roll Call

The regular meeting of the Jurupa Valley Community Development Advisory Committee was called to order at 7:00 pm. March 2, 2020 at the City Council Chambers, 8930 Limonite Ave., Jurupa Valley, California 92509.

Members present:

- Rachel Lopez, Chair
- Laura Shultz, Vice Chair
- Don Oaks, Member
- Edward Lee, Member
- Evelyn Hedrick, Member

Attendees:

- Tracey Torres, City Staff
- Sean McGovern, City Staff
- Robert Vasquez, GRC Consultant
- Brendan Kearns, Deputy City Attorney

2. Selection of CDAC Chairperson and Vice-Chairperson

After brief deliberation, Member Lee moved and Member Oaks seconded the motion to approve the appointment of Rachel Lopez to CDAC Chairperson and Laura Shultz as CDAC Vice-Chairperson. The motion was approved 5-0.

Ayes: Lopez, Shultz, Oaks, Lee, Hedrick

Noes: None

Abstained: None

Absent: None

3. Pledge of Allegiance – Led by Vice-Chair Shultz

4. Public Appearance/Comments – None

5. Approval of the Agenda

Committee Vice-Chairperson Shultz moved and Committee Member Lee seconded the motion to approve the March 2, 2020, agenda. The motion was approved 5-0.

Ayes: Lopez, Shultz, Oaks, Lee, Hedrick

Noes: None

Abstained: None

Absent: None

6. Commission Business:

6A. Receive Presentation from Public Service Grant Applicants

Senior Management Analyst Sean McGovern summarized the public service grant application review process. City staff and the City's CDBG consultant (GRC Associates, Inc.) conducted a technical review of each application.

Leonard Jarman of Path of Life Ministries, Inc. gave a public presentation that summarized the success of the homelessness response efforts conducted in conjunction with the City. The homelessness population is either stagnant or decreasing in the City.

Tom Donahue of the Family Service Association gave a public presentation that described how the Senior Nutrition Program operates at the Eddie D. Smith Senior Center in the City. Mr. Donahue emphasized the importance of fostering relationships and maintaining a dedicated space for seniors to socialize with each other.

Chairperson Lopez commented that the CDAC was pleased by both presentations and the past performance from both Path of Life and FSA.

7. Public Appearance & Comments - None.

8. Committee Member Comments

Vice-Chair Shultz thanked each of the applicants for their presentation.

9. Adjournment to the March 9, 2020 Regular Meeting

Adjournment at 8:04 PM to the next CDAC meeting to be held at City Hall Council Chambers on March 9, 2020.

Respectfully submitted,

Tracey Torres
CDAC Secretary

City of Jurupa Valley

DRAFT MINUTES
Community Development Advisory Committee
CITY OF JURUPA VALLEY
REGULAR MEETING
March 9, 2020

1. Call to Order and Roll Call

The regular meeting of the Jurupa Valley Community Development Advisory Committee was called to order at 7:00 pm. March 9, 2020 at the City Council Chambers, 8930 Limonite Ave., Jurupa Valley, California 92509.

Members present:

- Rachel Lopez, Chairperson
- Laura Shultz, Vice Chair (joined meeting at 7:12 PM)
- Don Oaks, Member
- Edward Lee, Member

Members absent:

- Evelyn Hedrick, Member

Attendees:

- Tracey Torres, City Staff
- Sean McGovern, City Staff
- Robert Vasquez, GRC Consultant
- Brendan Kearns, Deputy City Attorney

2. Invocation – Led by Committee Member Oaks

3. Pledge of Allegiance – Led by Committee Member Lee

4. Public Appearance/Comments – None

5. Approval of the Agenda

Committee Member Lee moved and Committee Member Oaks seconded the motion to approve the March 9, 2020, agenda. The motion was approved 4-0-1, with Committee Member Hedrick absent.

Ayes: Lopez, Shultz, Oaks, Lee

Noes: None

Abstained: None

Absent: Hedrick

6. Reports from City Staff:

Senior Management Analyst Sean McGovern advised the CDAC of the new camera system and how it will impact the public meeting process. Mr. McGovern described the role of the CDAC in making recommendations for public service grant funding, which is one component of the overall CDBG budget that is submitted to City Council for approval.

7. Commission Business:

7A. Finalize Funding Recommendations for Public Service Grant Applicants

Recommendation: That the Community Development Advisory Committee Finalize Funding Recommendations for Public Service Grant Applicants for the 2020-21 CDBG Program Year

The CDAC received a brief report from Senior Management Analyst Sean McGovern which described how the PSG funding process worked. Vice-Chair Shultz commented that she wished more funding was available to address some of the social problems in the community. Leonard Jarman of Path of Life gave a brief presentation which described the importance of providing direct and continual outreach to the homeless population in the community.

Chairperson Lopez moved and Committee Member Lee seconded a motion to approve a recommendation to allocate \$139,237.00 to Path of Life and \$40,000.00 to the Family Service Association. The motion was approved 4-0-1, with Committee Member Hedrick absent.

Ayes: Lopez, Shultz, Oaks, Lee

Noes:

Abstained:

Absent: Hedrick

8. Committee Member Comments:

Vice-Chair Shultz expressed satisfaction with the both the process and the content of the PSG proposals and described how her previous work in reviewing public benefit proposals helped prepare her for her role on the CDAC.

9. Adjournment to the November 2, 2020 Regular Meeting

Meeting was adjourned at 7:35 PM until the November 2, 2020 CDAC meeting to be held at City Hall City Council Chambers at 7:00 PM.

Respectfully submitted,

Tracey Torres
CDAC Secretary

City of Jurupa Valley

STAFF REPORT

DATE: JUNE 8, 2020

TO: COMMUNITY DEVELOPMENT ADVISORY COMMITTEE

FROM: SEAN MCGOVERN, SENIOR MANAGEMENT ANALYST

SUBJECT: AGENDA ITEM NO. 9.A

CONSIDERATION OF CDBG-CV PUBLIC SERVICE GRANT PROPOSALS SUBMITTED BY PATH OF LIFE MINISTRIES, INC. AND FAMILY SERVICE ASSOCIATION

RECOMMENDATION

- 1) That the Community Development Advisory Committee approve the recommendation to award \$255,500.00 to Path of Life Ministries, Inc. for Emergency Homelessness Services and \$25,500.00 to Family Service Association for Senior Health and Sanitation Kit Provision

BACKGROUND

On March 27, 2020, the U.S. Congress authorized the Coronavirus Aid, Relief, and Economic Security ("CARES") Act which was signed by the President. The CARES Act provided the City of Jurupa Valley with an additional round of CDBG ("CDBG-CV") funding in the amount of \$702,928.00. Preliminarily, the City has established a budget of \$281,000.00 for public service grants as identified in the City's Draft Amendment to the 2019-20 Annual Action Plan. The CARES Act requires that CDBG-CV funds are spent in a way that helps the City of Jurupa Valley plan, prepare for, or respond to the Coronavirus pandemic.

To make CDBG-CV funded activities more effective, the CARES Act and the Federal Department of Housing & Urban Development ("HUD") encouraged entitlement communities to allocate money as efficiently as possible. To provide greater speed at which allocations can be made, HUD has issued temporary regulations that allow entitlement communities to have shorter public comment periods and hold virtual public hearings.

The City began accepting proposals for CDBG-CV Public Service Grants ("PSG") on May 21, 2020 with a May 28, 2020 deadline. The City received proposals for Coronavirus response activities from Path of Life Ministries, Inc. and Family Service Association. City staff have performed a comprehensive review of each proposal. To remain consistent

with the mission of allocating CDBG-CV funds as efficiently as possible, only one CDAC meeting has been scheduled to discuss the funding recommendation that the CDAC will make to the City Council.

ANALYSIS

To assist the CDAC in making their recommendation for funding allocations to the City Council, City staff performed a comprehensive review of both proposals (Attachment A).

Path of Life Proposal:

The proposal from Path of Life (Attachment B) seeks to address the critical need to (a) provide more housing options for homeless individuals and families and (b) segregate at-risk individuals from densely occupied homeless shelters. The City currently funds the reservation of four beds per night at Path of Life's main shelter along with homelessness outreach, case management, and prevention. Path of Life's CDBG-CV proposal would expand the amount of beds available for individuals or families experiencing homelessness related to the Coronavirus pandemic. Further, it provides the unique opportunity for families to remain together in one unit.

To provide this housing option, Path of Life is proposing to rent up to five market-rate apartments here in the City of Jurupa Valley. Local homeless individuals or families that meet certain criteria will be placed in those units for up to 90-days. While in the rental units, homeless individuals and families will receive practically identical case management, food, and other services that Path of Life offers at the main shelter in Riverside. The Path of Life proposal provides a scalable option which would allow the City to increase or decrease the amount of housing provided based on other budget obligations.

The total cost of Path of Life's proposal is \$281,000.00. City staff recommends awarding \$255,500.00 to Path of Life to accommodate the proposal submitted by the Family Service Association. Awarding slightly less than Path of Life's full request will result in either shortening the duration for which segregated units are available or decreasing the total amount of segregated units available.

Family Service Association Proposal:

Family Service Association submitted a relatively simple proposal to provide sanitation kits to qualifying seniors in conjunction with the meal program provided at the Eddie D. Smith Senior Center (Attachment C). In response to the Coronavirus pandemic, the Senior Nutrition Program's communal meal service has temporarily transitioned into a meal pick-up operation. Family Service Association is proposing to provide personal protective equipment (PPE) such as gloves, masks, hand sanitizer, etc. to qualifying seniors at no charge.

Family Service Association is requesting \$25,900.00 to provide this program, and City staff recommends that FSA receive almost all of the requested amount – \$25,500.00. City staff will work with the Family Service Association to establish an accurate budget for competitively sourced PPE and sanitation supplies.

FINANCIAL IMPACT

Public service grant allocations are derived from the City's CDBG-CV allocation. No impact to the City's General Fund.

ALTERNATIVES

1. Provide alternate direction to Staff.

***** SIGNATURES ON FOLLOWING PAGE *****

Prepared by:



Sean McGovern
Senior Management Analyst

Approved as to form:



Brendan Kearns
Deputy City Attorney

Attachments:

- A. City Staff Proposal Ratings
- B. Path of Life Ministries, Inc. CDBG-CV PSG Proposal
- C. Family Service Association CDBG-CV PSG Proposal

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

2019-2020 CDBG Program
Year
www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

ATTACHMENT A

Name of Applicant: Path of Life Ministries (POLM)

Funds Requested: \$ 281,000

Name of Reviewer: Terri Rollings, Assistant to the City Manager

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program	POLM has a long history of providing homeless type services within Riverside County including the operation of homeless shelters. They have been receiving CDBG funding from the City of Jurupa Valley to operate transitional housing services they have experience and expertise to implement their proposal	<u>29</u> / 30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	Due to the COVID-19 situation, many more people are facing critical needs for housing and services. POLM has demonstrated their capacity to help but the statistics clearly demonstrate a greater need for housing assistance due to high unemployment rates, loss of wages/jobs, illness, and the potential need for more housing assistance than currently is available. POLM has a presence in JV and with these funds in this program, they will reinvest \$ into housing and public	<u>29</u> / 30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget	Proposed budget is \$281,000, with \$223,783 going towards program costs and the balance of \$57,217 into salaries - these costs are reasonable to accomplish the goals they have outlined to serve the needs of our community. With consideration given to the local motel/hotel rooms this will provide for much needed \$ at the local level as well.	<u>8</u> / 10
Reasonableness of the funding request (cost effective)	POLM is proposing to assist 38 unduplicated people with the average expense per person being \$5,889 which is a reasonable amount considering the benefit to those in need and the assistance this service will provide for them	<u>29</u> / 30
Total Score		<u>95</u> / 100

**CDBG-CV Public Service
Grant Applications – Review
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2019-2020 CDBG Program Year
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City of
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California

Name of Applicant: Path of Life Ministries (POLM)

Funds Requested: \$281,000

Name of Reviewer: Robert G. Vasquez - GRC Associates, Inc.

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program	<ul style="list-style-type: none"> - In 2014 POLM began to provide homeless related services in Riverside County using CDBG funds and they have received JV-CDBG funds for the past few years – providing good services to the areas homeless, - POLM has been operating shelters since 2005. - They have the capacity to implement their proposed program of providing housing to homeless using CDBG funds (POLM leases market rate units and subleases these to homeless) 	<u>29</u> /30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	<ul style="list-style-type: none"> - COVID-19 has affected JV residents in a significant manner. The latest unemployment figures (for April 2020) show that 13% of the JV's labor force or 6,200 people are unemployed. The unemployment figure was at 3.8% (Feb 2020) before the pandemic. Program funds would also be available for rental assistance for families facing homelessness due to job losses caused by COVID-19. - Seniors have also been greatly affected by virus and proposed program would also focus on this group of people 65 and over. - Having funds to help these affected residents (current homeless and potential homeless) will enable JV prepare and respond to the COVID-19 pandemic. - POLM already have a presence in JV and they can start right away helping City respond to pandemic. - They plan on spending funds on JV's hotels/motels, which would help this JV business sector. 	<u>29</u> /30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget	<ul style="list-style-type: none"> - Total proposed budget is \$281,000 - POLM proposes \$57,217 for Program staff salaries and benefits (20%) and \$223,783 for program costs (80%), these figures are within the guidelines (POLM's budget summary on following page). 	<u>9</u> /10
Reasonableness of the funding request (cost effective)	<ul style="list-style-type: none"> - POLM proposes to help 38 unduplicated people for the 7-1 to 6-30-2020 period. With direct costs of \$223,783, the average per person expenditure is ~\$5,889 per person. This amount is reasonable. 	<u>28</u> /30
Total Score		<u>95</u> /100

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

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www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

**Path of Life - Jurupa Valley Transitional Shelter/Rapid Resolution
Proposed 2019-2020 CDBG-CV Program Budget**

Budget Category	CDBG	%	Other	%	Total	%
Agency Admin Staff Salary & Benefits	\$ 22,242	8%	\$104,160	87%	\$126,402	31%
Program Staff Salaries & Benefits	34,975	12%	6,295	5%	41,270	10%
Program Supplies	8,660	3%	2,650	2%	11,310	3%
Rent / Lease (includes deposits for apartment houses)	128,250	46%	-	0%	128,250	32%
Communications	450	0%	-	0%	450	0%
Utilities	15,750	6%	-	0%	15,750	4%
Insurance	7,500	3%	-	0%	7,500	2%
Professional Services (Specify)						
Laundry for Linens	5,000	2%	-	0%	5,000	1%
Other (Specify) Homelessness Prevention / Rapid Resolution - 15 Households	39,423	14%	-	0%	39,423	10%
Other (Specify) Mileage Reimbursement	4,500	2%	-	0%	4,500	1%
Other (Specify) Landlord Mitigation/Unit Repairs/Cleaning	7,500	3%	5,000	4%	12,500	3%
Other (Specify) Food for Transitional Shelter	6,750	2%	2,250	2%	9,000	2%
Total	\$ 281,000	100%	\$120,355	100%	\$401,355	100%

Summary of Staff Salaries and Benefits:	CDBG	%
Agency Admin Staff Salary & Benefits	\$ 22,242	8%
Program Staff Salaries & Benefits	34,975	12%
Total Admin Costs	57,217	20%
Percent Salary and Benefits		20%
Total Budget	\$ 281,000	100%
Program Costs	\$ 223,783	80%
Unduplicated Persons served	38	
Per person cost:	\$ 5,889	

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

2019-2020 CDBG Program
Year
www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

Name of Applicant: Path of Life

Funds Requested: \$281,000

Name of Reviewer: Sean McGovern

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program		<u>30</u> /30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	Program needs to ensure that the persons/families moved into units are due to COVID-19 reasons (loss of job due to COVID, pre-existing conditions which make shelter too risky, etc.)	<u>28</u> /30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget		<u>10</u> /10
Reasonableness of the funding request (cost effective)	More explanation needed on the agency staff salaries associated with this.	<u>28</u> /30
Total Score		<u>96</u> /100

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

2019-2020 CDBG Program
Year
www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

Name of Applicant: Family Service Association - FSA

Funds Requested: \$ 25,900

Name of Reviewer: Terri Rollings, Assistant to the City Manager

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program	FSA has a long history of providing services to the elderly and they have been receiving/managing CDBG funding for over 16 years. Staff are well trained and their proposed PPE program is in line with their current senior meals program.	<u>29</u> / 30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	FSA has contact with many seniors and has developed a program to meet their needs. Seniors are most at risk during this covid-19 pandemic and with their resources knowledge and expertise in providing resources to seniors, they will be able to collaborate with the City of Jurupa Valley to help address the needs of this community.	<u>28</u> / 30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget	The proposed budget of 25,900 includes money for salaries including benefits with the majority of the funds allocated for much needed materials and supplies. I feel their budget is cost effective and given that they also have an existing program, this will allow for additional cost saving benefits.	<u>10</u> / 10
Reasonableness of the funding request (cost effective)	For the time frame of 3 months, the funding they are requesting and the return on those dollars is very reasonable. They propose to assist 150 individual seniors with much needed necessities during this pandemic situation.a	<u>29</u> / 30
Total Score		<u>96</u> / 100

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

2019-2020 CDBG Program Year
www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

Name of Applicant: Family Service Association (FSA)

Funds Requested: \$25,900

Name of Reviewer: Robert G. Vasquez - GRC Associates, Inc.

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program	<ul style="list-style-type: none"> - FSA has been providing services to elderly since the 80's, - For 16 years they have been receiving CDBG funds-they are familiar implementing these types of programs, - Their proposed program of providing PPE (personal protective equipment) to seniors complements well their current program of providing meals to seniors 	<u>29</u> /30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	<ul style="list-style-type: none"> - Seniors are one of the hardest hit population groups by the COVID-19 pandemic. FSA is already in touch with many seniors, are aware of their needs and have a system in place to provide needed items to this vulnerable group of Jurupa Valley residents. Having a firm provide first-hand information to City of Jurupa Valley staff will enable staff to better address their COVID-19 pandemic-related needs (current and future). 	<u>27</u> /30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget	<ul style="list-style-type: none"> - Total proposed budget is \$25,900 - FSA proposes \$900 for Program staff salaries and benefits (3%) and \$25,000 for supplies (97%), very reasonable figures. - Low admin budget because their proposed program complements existing program. 	<u>10</u> /10
Reasonableness of the funding request (cost effective)	<ul style="list-style-type: none"> - FSA proposes to help 150 unduplicated people for the July-Sept period. With direct costs of \$25,000, the average per person expenditure is ~\$167 per person. This amount is reasonable over the three month period, given the cost of PPE (soap, hand sanitizer, gloves and masks) 	<u>29</u> /30
Total Score		<u>95</u> /100

**CDBG-CV Public Service
Grant Applications – Review
Guidelines**

2019-2020 CDBG Program
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www.jurupavalley.org/CDBG



City of
JURUPA VALLEY
California

Name of Applicant: Family Service Association

Funds Requested: \$25,900

Name of Reviewer: Sean McGovern

Criteria	Comment	Staff Committee Review
Organizational capacity to implement proposed program	Location is secured, logistics already exist.	<u>30</u> /30
Program proposed enables the City to better plan, prepare for, and respond to the COVID-19 pandemic	PPE is foundational to responding to COVID-19	<u>30</u> /30
Administrative & fundraising expenditures vs. program expenditures cannot exceed 20% of agency budget		<u>10</u> /10
Reasonableness of the funding request (cost effective)	More documentation needed to demonstrate that PPE is purchased in a cost-effective way. Competitive bid? Piggyback on State or County contract?	<u>20</u> /30
Total Score		<u>90</u> /100



City of
JURUPA VALLEY
California

**2019-2020 COMMUNITY DEVELOPMENT BLOCK GRANT
CDBG-CV (Coronavirus Response)**

PUBLIC SERVICE GRANT APPLICATION

**Application must address how funds will be used to 'prevent', 'prepare' or 'respond' to the
COVID-19 pandemic.**

Application is due May 28, 2020 at 3:00PM

Late Applications will not be accepted

Submit 2 original applications & back up documentation to:

Sean McGovern

Jurupa Valley City Hall

8930 Limonite Ave., Jurupa Valley CA 92509

AND

Email the completed application form to: smcgovern@jurupavalley.org

Check each item included in your application package. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: Path of Life Ministries

Program Name: Path of Life Jurupa Valley Transitional Shelter/Rapid Resolution

CDBG Amount Requested: \$281,000

☒Application

☒Attachment A: Proposed Budget

☒Attachment B: CDBG Funded Personnel

Please submit a copy of the following documents with the original application

☒IRS Tax Exempt Documentation

☒Most Recent Financial Audit & 990 Tax Filing

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Path of Life Ministries

B. Address: 1240 Palmyrita Ave., Suite A, Riverside CA 92507

C. Program Name: Path of Life Jurupa Valley Transitional Shelter/Rapid Resolution

D. CDBG Amount Requested: \$281,000

E. Check the **ONE** category that best describes the proposed program

☐ Elderly/Frail Elderly Services

☐ Youth Services

☐ Physically/Developmentally Disabled Services

☐ Crime Awareness

☐ Persons with HIV/AIDS Services

☒ Homeless Services

☐ Fair Housing Services

☐ Substance Abuse Services

☐ Severe Mental Illness Services

☐ Child Care Services

☐ Other Public Service (specify)

☐ Health Services

F. Is this application submitted by a faith-based organization?

☒ Yes ☐ No

G. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Citywide: In local housing units or Hotel/Motels in the City of Jurupa

H. Person to contact regarding this application & program administration:

Name: Casey Jackson Email Address: cjackson@thepathoflife.com

Telephone: 951-786-9048 x11 Fax: _____

I. Federal Tax ID Number: 33-0724945

K. DUNS Number: 00-336-4176

K. Officials Authorized to Sign Contracts & Expend Funds:

Name: Casey Jackson Title: Interim CEO

Name: _____ Title: _____

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of how the proposed program will address how funds will be used to 'prevent', 'prepare' or 'respond' to the COVID-19 pandemic need in Jurupa Valley, your agency's capacity/experience to carry out the activity & administering CDBG funds, and how CDBG grant funds will be used. At Path of Life Ministries, we have seen great success through our Outreach and Homelessness Prevention program in the City of Jurupa Valley. We propose that we expand these services during the COVID-19 response period to include Transitional Shelter in scattered site units and/or local hotels/motels that we contract with. We would allow folks to stay in these units up to 90 days with ongoing case-management and defined criteria that is in line with the Riverside County project Room Key as well as the 100 Day Challenge to End Senior Homelessness. These programs focus on people 65 and older, have underlying medical conditions putting them in a higher risk category of contracting or having complications related to COVID-19, and pregnant women. Additionally, we could provide Rental Assistance for additional families and individuals facing homelessness due to the loss of their income or reduced hours at their place of employment. These funds would allow us to provide much needed shelter and support to the homeless and at-risk of homelessness population in the City of Jurupa Valley. We propose this program to begin upon award of the grant and end March 31, 2021. We propose securing 5 units in the City of Jurupa Valley to provide Transitional Housing for up to 90 days, serving approximately 15 households. We also propose that we use a portion of the grant to provide Homelessness Prevention/Rapid Resolution for up to 15 households.

3. COMMUNITY NEED

Provide data relevant to the COVID-19 pandemic-related need for the proposed program in Jurupa Valley. Ensure information is specific to the City. Ensure you specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated/demonstrably reduced. As stated above, we are facing unprecedented numbers of families and individuals who have lost their employment in some form or another, as well as loss of income even if they remain employed. Path of Life has successfully implemented Homelessness Prevention in the City of Jurupa Valley as well as in the Coachella Valley to assist families in crisis. This need is even greater now. We receive over 200 phone calls county wide and up to 15 a month from people seeking assistance in the City of Jurupa Valley. We also implemented a successful Crisis Stabilization Housing program in the Coachella Valley that we believe would be of great value to the City of Jurupa Valley as well. We currently provide 4 shelter beds at our Community Shelter in the City of Riverside, however, we find that homeless families and individuals in Jurupa Valley often don't want to leave their home town, even for shelter. This funding will allow us to address this shelter need in the City limits that specifically helps the elderly and at-risk for health complications due to COVID-19. We will, therefore, be able to assist more people off the streets of Jurupa Valley, and using our wrap around services at POLM, we will provide case-management, employment navigation and behavioral health services that the participant can take advantage of to move from homelessness to self-sufficiency.

Point In Time Count - The 2019 County of Riverside Point in Time Count reported that there were 2,811 homeless persons in Riverside County. The unsheltered count was 2,045 and shelter 766. Jurupa Valley had a count of 148 unsheltered, which is a decrease of 6% from 2018. The County of Riverside saw a 21% increase in homelessness, which follows the state and national trending of homelessness being on the increase. The gender make up for Jurupa Valley (unsheltered) during the count was 30% female, 67% male, 0% transgender and 3% unknown. Most of the homeless were adults older than 24 (87%). The main subpopulations include: drug use (39), the chronically homeless (51), physical disability (23), and mental health (21). The 2020 count was conducted on January 29, 2020 and new data is not available until late Spring.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) & other relevant information. Path of Life has been serving the homeless, first in the City of Riverside, and now County-wide since 1998. We began operating our Family and Community Shelters in 2005 and have expanded to include Housing Support, Employment Navigation, Behavioral Health services and Outreach. We prefer that our Case Managers possess a Bachelor's Degree, preferably in the Social Sciences, and/or that they have extensive personal and/or professional experience serving the low to no income population. Additionally, all senior management possess Master's or higher degrees and provide expert guidance in Social Work, Social Services, and Psychology. We employ over 60 support staff that are fully engaged with our homeless population and or community service providers. Additionally, we manage over \$5,000,000 in grants and donations yearly.

Our Mission: To help people become productive in life by addressing barriers of dysfunction through the process of rescuing, restoring and rebuilding lives. Our Vision: A whole, healthy community with whole and healthy people. Our Objective: To build a holistic system of care, one component upon another, in an integrated and seamless manner. We accomplish this by living out our Core Values: SPIRITUAL: A commitment to exhibit a servant attitude based on Christian values to bring help and hope to the needy of our community. RELATIONAL: A commitment to value ALL people by communication that fosters connection, trust and respect. PERSONAL EXCELLENCE: A commitment to excel in our personal and professional walks; to possess the characteristics of excellence in high degrees. FISCAL RESPONSIBILITY: An obligation to conduct business in a prudent manner with the utmost integrity utilizing the highest standards for financial reporting and grant compliance. SOCIAL RESPONSIBILITY: A commitment to help bear the burden of the community we serve and do so in a socially professional and legally responsible manner.

During QY1 and Qy 2 (July 2018-Dec 2018) POLM provided shelter to 14 unduplicated individuals and 278 bed nights from Jurupa Valley. Eleven individuals from Jurupa Valley exited and seven (64%) moved to permanent housing. POLM Outreach Team contacted 20 individuals and provided 21 various basic needs services. Seven referrals to supportive services and/or housing opportunities were made. Multiple encampments were identified and partnerships with local law enforcement has provided opportunities to contact and engage those individuals occupying the encampments. POLM has also made several recommendations concerning Jurupa Valley policy related to the coordination efforts surrounding the closure of encampments. POLM assisted with efforts to conduct the 2019 PIT count in Jurupa Valley

- B. Summarize your organization's experience administering CDBG public service grant funds. We have been serving in the City of Jurupa Valley for nearly 2 years under their CDBG funding resources doing Street Outreach, Shelter and Homelessness Prevention. We also have a portion of the City of Riverside CDBG funds that we use to operate our Community Shelter located in the City of Riverside. We have received the City of Riverside grant since 2012. Additionally, we operate a small grant in the City of Palm Springs using their CDBG funds to have a Crisis Stabilization Unit reserved there.

- C. List 3 references for 3 grant fund providers that have funded the proposed program. NA ☐

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
Coachella Valley Association of Governments (CVAG)	Libby Carlson, 760-346-1127, lcarlson@cvag.org	1,151,612	1/1/2020- 12/31/2020
City of Riverside	Michelle Davis, 951-826-5743, mdavis@riversideca.gov	\$100,000	7/1/2019- 6/30/2020
County of Riverside, EDA	Sterlon Sims, 951-343-5482, ssims@rivco.org	\$80,000	7/1/2019- 6/30/2020

- D. Compliance with 2 CFR Part 200(Single Audit):

1. In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes ☒ No ☐
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes ☒ No ☐ If "Yes" please provide a copy of most recent Single Audit.

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|--------------------|
| 1. 2019-2020 Jurupa Valley CDBG-CV Grant Funds Requested: | <u>\$281,000</u> |
| 2. Total 2019-2020 Program Budget: | <u>\$401,355</u> |
| 3. Total 2019-2020 Agency Budget: | <u>\$5,769,727</u> |

B. Detail how requested CDBG-CV funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B "Proposed Program Budget"** is reflective of this outline. We will provide 5 Transitional Shelter units for 9 months at approximately 1950/month on average, plus possible unit deposits. Additionally, we will offer these households food gift certificates of up to \$100/month. We will require cleaning/repair/mitigation money for preparing the unit for transition to a new household, possible damage to the unit, and landlord engagement incentive. The Homelessness Prevention/Rapid Resolution money will provide rental assistance for up to 15 households. We will provide 1 full-time staff to oversee case-management and assist with Rapid Resolution. Additionally, we will need Admin, mileage, and phone money to assist in this program. Finally, we propose that we will need to buy household supplies if the units require it, utilities, and insurance to cover the units.

C. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C "CDBG-CV Funded Personnel"** must be completed).

Full-Time Staff: 1

Part-Time Staff: 0

Contract Staff: 0

Volunteers: 2 (interns)

D. What percentage of the organization's total budget is spent on fundraising & overall administration?
1%

E. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

1. Total number of unduplicated program clients, **regardless of city of residence that** will be service by the program between 7/1/2019 & 6/30/2020? 38 Individuals 30 Households
2. Total number of unduplicated **Jurupa Valley clients** that the program will serve by the program between 7/1/19 & 6/30/20? 38 Individuals 30 Households
3. Total number of unduplicated Jurupa Valley clients that the program will serve with CDBG funds between 7/1/19 & 6/30/20? 38 Individuals 30 Households
4. What % of the total program budget will be used to serve unduplicated Jurupa Valley residents?
80% (some of the families/individuals may cross program resources)

F. Is this a new program? Yes ☒ No ☐ If this is **not** a "New" program, how will this program be expanded from current program efforts? This is to supplement our current Path of Life Jurupa Valley Outreach program that is currently completing it's second year and will begin its third year on July 1, 2020. It will expand the amount of Homelessness Prevention/Rapid Resolution to more individuals and families in need. It will also add the Transitional Shelter option with 5 units, in addition to the 4 contracted beds at the Community Shelter in the current program.

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2019 through 6/30/2020:

- A. Number of unduplicated Jurupa Valley residents the program will serve with requested CDBG-CV funds? Up to 38 Individuals.

What % of these individuals will be of low/moderate income? 100%

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for "presumed beneficiary" category clients; however, documentation of "presumed beneficiary" status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.

- B. Does the proposed program application/intake form collect all HUD-required information?

Yes ☒ No ☐ If "Yes," how is this information documented?

a. Self-Certification ☒

b. Analysis of household income documents such as tax returns/pay checks ☐

c. Program serves **presumed beneficiary** category ☒ List category Homeless and At Risk of Homelessness

If "No," how will this information be collected & reported to the City? _____

- C. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?" 60%
☐ Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- D. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- ☒ Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- ☐ Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- ☐ Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- ☒ Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- ☐ Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- ☐ Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Jurupa Valley ("City") by the Board of Directors of Path of Life Ministries ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Jurupa Valley residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Jurupa Valley residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Casey Jackson

Title: Interim CEO

Signature



5.29.2020

Date

ATTACHMENT A

PROPOSED 2019-2020 CDBG-CV PROGRAM BUDGET

Program Name: Path of Life Jurupa Valley Transitional Shelter/Rapid Resolution

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$22,242	\$104,160	\$126,402
Program Staff Salaries & Benefits	\$34,975	\$6,295	\$41,270
Program Supplies	\$8,660	\$2,650	\$11,310
Rent/Lease (includes deposits for apartments/houses)	\$128,250	\$0	\$128,250
Communications	\$450	\$0	\$450
Utilities	\$15,750	\$0	\$15,750
Insurance	\$7,500	\$0	\$7,500
Professional Services (Specify) Laundry for Linens	\$5,000	\$0	\$5,000
Other (Specify) Homelessness Prevention/Rapid Resolution – 15 Households	\$39,423	\$0	\$39,423
Other (Specify) Mileage Reimbursement	\$4,500	\$0	\$4,500
Other (Specify) Landlord Mitigation/Unit Repairs/Cleaning	\$7,500	\$5,000	\$12,500
Other (Specify) Food for Transitional Shelter	\$6,750	\$2,250	\$9,000
TOTAL	\$281,000	\$120,355	\$401,355

List Source of "Other" Program Funds to be use to Assist JV Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
HEAP (Jurupa Valley)	\$70,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
HEAP (Landlord Locator)	\$5,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CDBG – Riv., EFSP, EDA-ESG, PSH	\$40,155	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In-Kind Donations	\$5,200	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$120,355	

ATTACHMENT B

CDBG-CV FUNDED PERSONNEL

☐ CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING 2019-2020 CDBG-CV FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
Interim CEO	\$108,000	\$19,440	\$127,440	\$3,823	3%
VP Homeless Solutions	\$72,800	\$13,104	\$85,904	\$8,590	10%
Human Resources/Payroll	\$44,720	\$8050	\$52,770	\$1,055	2%
Claims Specialist	\$45,760	\$8,237	\$53,997	\$5340	10%
Accounts Payable/Receivable	\$37,440	\$6,739	\$44,179	\$3,534	8%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
Rapid Resolution Navigator	\$34,975	\$6,295	\$41,270	\$34,975	100%
Rapid Resolution Manager	\$54,080	\$9,734	\$63,814	\$0	50%
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%
	\$	\$	\$	\$	0%

		\$		\$		\$		\$	%
--	--	----	--	----	--	----	--	----	---

APPLICATION SUPPLEMENTAL FOR HOMELESS SERVICES

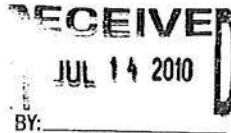
1. Describe your experience with analyzing and interpreting U.S. Census and other official forms of data related to homelessness. Path of Life has been contributing and reviewing data from various reports such as Consolidated Plans, Homeless Count, Homeless Management Information System, Annual Performance Reports, U.S. Census to determine the needs and trends of a community regarding homelessness, to learn and inform our services plans to the homeless and as an educator/ advocate for the homeless with local governments and community groups for over 16 years.
2. Describe your organization's experience with developing a homelessness outreach effort to collect new data. POLM has led the way in Riverside County as outreach provider by providing direct and immediate mobile interventions to the those at risk of homelessness or chronically homeless. In 2014 with CDBG funding POLM began providing mobile intervention and outreach on the streets of Perris and have expanded interventions throughout Riverside County using Motivational Interviewing and Trauma Informed Care to the families and individuals experiencing homelessness. Our mobile team engages with the homeless at encampments, in cars, community service locations, etc. and provides needs assessments, housing navigation, behavioral health care and employment support once trust is established. The mobile team provides transportation and moving support to housing as needed. The team collects specific data per encounter log and inputs contact information into HMIS that can be reviewed to help with determining the needs for services and a yearly service count. Our outreach effort was a portion of what caught the Coachella Valley Association of Governments (CVAG) to contract with us for their Housing First intervention and stabilization services to the homeless.
3. Describe your organization's experience with developing, proposing, and implementing results-oriented solutions to mitigate and serve the homeless population. Path of Life Ministries (POLM) exercises a comprehensive and coordinated system of support. While many homeless service agencies focus on relief services, POLM focusses efforts on a permanent exit from homelessness and poverty by integrating support structures and development services and addressing the underlying barriers to sustained success. We uniquely integrate support in the areas of housing, financial stability, and life skills development toward our participant's socioeconomic mobility. If other agencies provide services in particular areas, POLM collaborates with those agencies to integrate them into our system of support in the context of participants' living environment, streamlining both access to and the implementation of those services within our participants' journeys, such as our partnership with the workforce development office in which we have arranged for a single employment specialist who both serves as a single point of contact with our staff and a concierge for participants we connect with their services. In situations where no evident resource exists, POLM has a track record of creating those solutions, such as the incubation and launch of a Federally Qualified Healthcare organization (Health to Hope Clinics) as well as a social enterprise organization (Path of Life Enterprises), and the creation of a behavioral health program and childcare program that provides services intentionally designed to meet the needs of our participants. Throughout our entire system of care, POLM is implementing the best practices of the social service and behavioral health industry, such as rapid re-housing, trauma informed care, the cognitive approach to personal transformation, and motivational interviewing. POLM's strategy is specifically unique in that it emphasizes collaboration (leveraging available resources), provides integrated pipelines of achievement and development, and addresses root issues of homelessness and poverty.
4. Describe your organization's familiarity with social services in the Jurupa Valley, Riverside County, and greater Southern California areas. POLM having served the County of Riverside since 1998 is aware of social services countywide. We work closely with the Department of Public Social Services Homeless Unit, participate in the County 211 Community Connect, work along side agencies/mainstream services like the United Way, University Health Care System and Behavioral Health Care, Workforce Development and the Social Security Administration. We are connected with City Services and Departments such as the City of Riverside, City of Perris, and cities in Coachella Valley. Our Achievement Coaches and Navigators work directly with Health to Hope, The Salvation Army, Catholic Charities, community landlords, Springboard and many others agencies to help provide resources to help the homeless with their many needs.

5. Describe your organization's familiarity with the Community Development Block Grant process and other streams of Federal, State, or Local revenue. Path of Life Ministries has been a successful recipient of local, state and federal funding . We have received State and local Emergency Solutions (ESG) funding for our shelters, rapid rehousing and outreach programs. We receive Emergency Food and Shelter Program dollars from FEMA for mass shelter and rental assistance, Community Development Block Grant (CDGB) funds for shelter care and mobile outreach, HUD Continuum of Care dollars for rapid rehousing and permanent supportive housing , and Coachella Valley Association of Governments (CVAG) Housing First dollars for intervention, stabilization and housing projects. In 2017-2018 we received \$2,140,335 in grant funding from government entities. We have been effective in managing the grant contracts meeting required reporting deadlines and receiving no findings when monitored by the grantor.

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: JUL 10 2010



Path of Life Ministries
4495 Magnolia Avenue
Riverside, CA 92501

Person to Contact / ID Number:
Maria Tritch / 02-03-386
Contact Telephone Numbers:
1-877-829-5500
Federal Identification Number:
33-0724945

Dear Sir or Madam:

In your letter received March 17, 2010, you requested to be classified as a public charity which no longer conducts church activities.

In our letter of September 1998, we determined that you were exempt under section 501(c)(3) of the Code. We further determined that you were not a private foundation and you were classified as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code.

Based on the information you provided, we have determined that you meet the requirements for classification as a public charity described in sections 509(a)(1) and 170(b)(1)(A)(vi). Accordingly, this letter modifies our letter of September 1998 and we have modified your public charity status in our records as you have requested.

Your organization is required to file an annual Form 990, Return of Organizations Exempt from Tax, by the 15th day of the fifth month after the end of your annual accounting period, starting tax year 2009.

Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Grantors and contributors may generally rely on this determination of your foundation status unless the Internal Revenue Service publishes notice that you are no longer recognized as tax exempt or classified as a public charity in the Internal Revenue Bulletin. However, if a grantor or contributor takes any action, or fails to take any action, which causes you to lose your exempt status or causes you to be reclassified as a private foundation, that party can not rely on this determination. Furthermore, a contributor or grantor who knows that the Internal Revenue Service has notified your organization of any change in your exempt status or foundation status can not rely on this determination.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with your permanent records.

Letter 4425 (9-2008)
Catalog Number 52256W

Page 2

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

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

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

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

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

OMB No. 1545-0047

2018Open to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PATH OF LIFE MINISTRIES		D Employer identification number 33-0724945
	Doing business as		E Telephone number 951-786-9048
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 5,640,874.
	P.O. BOX 1445		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code RIVERSIDE, CA 92502		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: RICH ERICKSON SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.THEPATHOFLIFE.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1998 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PATH OF LIFE MINISTRIES (POLM) IS A NON-PROFIT ORGANIZATION SERVING HOMELESS INDIVIDUALS AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	95
	6 Total number of volunteers (estimate if necessary)	6	700
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,246,526.	5,629,333.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54.	101.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,667.	10,625.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,292,247.	5,640,059.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,277,643.	2,323,934.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,130,168.	3,280,215.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,407,811.	5,604,149.
19 Revenue less expenses. Subtract line 18 from line 12	-115,564.	35,910.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,576,959.	2,436,113.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,082,893.	906,137.
		1,494,066.	1,529,976.

Part II Signature Block

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

Sign Here	Signature of officer: RICH ERICKSON, CHAIR		Date 04/29/2020	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CARLOS CARAZO	Preparer's signature CARLOS CARAZO	Date 04/01/20	Check if self-employed <input type="checkbox"/> PTIN P02046597
	Firm's name ▶ SMITH MARION & CO.	Firm's EIN ▶ 83-1445511		Phone no. 909-307-2323
	Firm's address ▶ 1940 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374			

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

832001 12-31-18

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

Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

PATH OF LIFE MINISTRIES (POLM) IS A NON-PROFIT ORGANIZATION SERVING HOMELESS INDIVIDUALS AND FAMILIES WITH THE GOAL TO RESCUE, RESTORE, AND REBUILD LIVES. POLM PROVIDES EMERGENCY SHELTER AND TRANSITIONAL HOUSING WITH WRAP AROUND SERVICES AND PROFESSIONAL SERVICE COACHING

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

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

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

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

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

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

4a (Code:) (Expenses \$ 817,497. including grants of \$) (Revenue \$)

COACHELLA VALLEY HOUSING FIRST:

THE COACHELLA VALLEY HOUSING FIRST (CVHF) PROGRAM IS A REGIONAL PROGRAM FUNDED BY THE COACHELLA VALLEY ASSOCIATION OF GOVERNMENTS (CVAG) THAT IS EXCLUSIVELY FOR THE CITIES IN THE COACHELLA VALLEY. THE PROGRAM INCLUDES SERVICES FOR THE CHRONICALLY, NEWLY AND POTENTIALLY HOMELESS POPULATION IN THAT REGION. THE PROGRAM OPERATES AN ACCESS CENTER IN PALM SPRINGS THAT OFFERS RESOURCES THAT SPECIFICALLY ASSIST UNSHELTERED INDIVIDUALS AND FAMILIES. CVHF ALSO INCLUDES AN OUTREACH TEAM THAT DOES STREET OUTREACH THROUGHOUT THE REGION THAT FOCUSES ON HOUSING FIRST PRINCIPLES AND OFFERING RESOURCES THAT LEAD TO PERMANENT HOUSING. THE PROGRAM ALSO OPERATES 24-25 CRISIS STABILIZATION HOUSING (CSH) UNITS WHICH IS DESIGNED AS TEMPORARY SHELTER WHILE PARTICIPANTS ARE WORKING

4b (Code:) (Expenses \$ 1,502,719. including grants of \$) (Revenue \$)

PERMANENT SUPPORTIVE HOUSING PROGRAM: THIS PROGRAM PROVIDES CONTINUOUS RENTAL ASSISTANCE AND CASE MANAGEMENT FOR CHRONICALLY HOMELESS INDIVIDUALS AND THEIR FAMILIES, UTILIZING A HOUSING FIRST MODEL WITH EXTREMELY LOW BARRIERS FOR PLACEMENT INTO HOUSING WITH THE SUPPORT OF HOUSING NAVIGATORS. CLIENTS WERE PROVIDED WITH RENTAL ASSISTANCE, CASE MANAGEMENT, LIFE SKILLS, TRANSPORTATION ASSISTANCE, UTILITY DEPOSITS AND ASSISTANCE, MOVING ASSISTANCE, GROCERIES, AND CHILDCARE. THIS PROGRAM SERVED 137 INDIVIDUALS FROM JULY 1, 2018 TO JUNE 30, 2019

4c (Code:) (Expenses \$ 1,042,374. including grants of \$) (Revenue \$)

COMMUNITY SHELTER: THIS SHELTER IS A 30-60 DAY PROGRAM THAT SERVE ADULTS 18 AND OLDER BY PROVIDING TEMPORARY HOUSING ALONG WITH ASSISTANCE IN OBTAINING IMPORTANT DOCUMENTS, JOB READINESS, COMPUTER WORKSHOPS, COUNSELING, MEALS, HYGIENE SUPPLIES AND OTHER NECESSARY SUPPORTIVE SERVICES. THIS PROGRAM HOLDS 65 BEDS FOR QUALIFIED MEN AND WOMEN WITH SEPARATE DORMITORIES FOR EACH GENDER. AN ADDITIONAL 65 BEDS ARE ADDED IN THE WINTER. THIS PROGRAM SERVED 1,217 INDIVIDUALS FROM JULY 1, 2018 TO JUNE 30, 2019

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,757,814. including grants of \$) (Revenue \$)

4e Total program service expenses 5,120,404.

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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 95		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Form 990 (2018)

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 in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7	
1b Enter the number of voting members included in line 1a, above, who are independent	7	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or 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 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
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 appoint one 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, stockholders, 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 by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **CASEY JACKSON - 951-786-9048**
PO BOX 1445, RIVERSIDE, CA 92502-1445

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>	
-----------------	--	--

[illegible]

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

1

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

Section B. Independent Contractors

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

(A) Name and business address			(B) Description of services	(C) Compensation
NONE				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			0	

Form 990 (2018)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,415,579.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,213,754.			
	g	Noncash contributions included in lines 1a-1f: \$		464,430.			
	h	Total. Add lines 1a-1f		5,629,333.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		101.			101.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	500.			
	b	Less: direct expenses	b	815.			
	c	Net income or (loss) from fundraising events		-315.			-315.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
11 a	MISC INCOME	900099	10,940.	10,940.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		10,940.				
12	Total revenue. See instructions		5,640,059.	10,940.	0.	-214.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	120,738.	109,778.	10,960.	
7 Other salaries and wages	1,941,009.	1,764,814.	176,195.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	81,464.	74,069.	7,395.	
10 Payroll taxes	180,723.	164,318.	16,405.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,500.		2,500.	
c Accounting	36,450.		36,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	143,896.	87,053.	56,843.	
12 Advertising and promotion	12,183.	3,142.	9,041.	
13 Office expenses	16,875.	4,351.	12,524.	
14 Information technology				
15 Royalties				
16 Occupancy	221,215.	169,217.	51,998.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	17,297.		17,297.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	130,827.	130,827.		
23 Insurance	32,288.	8,556.	23,732.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	2,041,275.	2,010,354.	30,921.	
b DONATED FOOD AND CLOTHI	457,697.	448,732.	8,965.	
c EDUCATION AND TRAINING	122,313.	103,030.	19,283.	
d REPAIRS AND MAINT	45,399.	42,163.	3,236.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,604,149.	5,120,404.	483,745.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	168,865.	1	159,499.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	858,668.	3	862,907.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	122,421.	9	110,796.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,573,049.		
	b Less: accumulated depreciation	10b 1,275,355.	10c 1,421,788.	1,297,694.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,217.	15	5,217.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,576,959.	16	2,436,113.	
Liabilities	17 Accounts payable and accrued expenses	182,743.	17	144,944.
	18 Grants payable		18	
	19 Deferred revenue	35,000.	19	176,043.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	865,150.	23	585,150.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,082,893.	26	906,137.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,494,066.	27	1,529,976.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,494,066.	33	1,529,976.
	34 Total liabilities and net assets/fund balances	2,576,959.	34	2,436,113.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,640,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,604,149.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,910.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,494,066.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,529,976.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

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

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

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

f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1191527.	4082493.	4295138.	5246526.	5629333.	20445017.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1191527.	4082493.	4295138.	5246526.	5629333.	20445017.
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						20445017.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1191527.	4082493.	4295138.	5246526.	5629333.	20445017.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				54.	101.	155.
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.)				45,667.	10,940.	56,607.
11 Total support. Add lines 7 through 10						20501779.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 99.72 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 99.69 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in 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 in 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 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), 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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2018

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PATH OF LIFE MINISTRIES

33-0724945

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RIVERSIDE COUNTY DPSS 4060 COUNTY CIRCLE DR RIVERSIDE, CA 92503	\$ 2,414,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF RIVERSIDE 3900 MAIN ST, 5TH FLOOR RIVERSIDE, CA 92502	\$ 310,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COACHELLA VALLEY ASSOCIATION OF GOV 73-710 FRED WARING DRIVE SUITE 200 PALM DESERT, CA 92260	\$ 1,293,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RIVERSIDE COMMUNITY HEALTH FOUNDATION 4275 LEMON ST. RIVERSIDE, CA 92501	\$ 236,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

33-0724945

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

PATH OF LIFE MINISTRIES

33-0724945

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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Inspection

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2018

832051 10-29-18

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

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

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

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

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

c Beginning balance _____

d Additions during the year _____

e Distributions during the year _____

f Ending balance _____

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

1a Beginning of year balance _____

b Contributions _____

c Net investment earnings, gains, and losses _____

d Grants or scholarships _____

e Other expenditures for facilities and programs _____

f Administrative expenses _____

g End of year balance _____

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted 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 organizations listed as required on Schedule R? _____

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		139,400.		139,400.
b Buildings		2,150,414.	1,084,298.	1,066,116.
c Leasehold improvements		128,241.	104,887.	23,354.
d Equipment		154,994.	86,170.	68,824.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,297,694.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		349,183.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		115,247.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2018

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number
33-0724945

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES WITH THE GOAL TO RESCUE, RESTORE, AND REBUILD LIVES. POLM
PROVIDES EMERGENCY SHELTER AND TRANSITIONAL HOUSING WITH WRAP AROUND
SERVICES AND PROFESSIONAL SERVICE COACHING THAT PROMOTES
SELF-SUFFICIENCY AND FAMILY RESTORATION

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT PROMOTES SELF-SUFFICIENCY AND FAMILY RESTORATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TOWARDS PERMANENT HOUSING AND OTHER STABILIZING RESOURCES. OTHER
RESOURCES THAT CVHF PROVIDES MOVE-IN RENTAL ASSISTANCE, CASE
MANAGEMENT, TRANSPORTATION (BUS PASSES), TEMPORARY HOUSING, GROCERIES
AND OTHER ASSISTANCE TO OBTAIN MAINSTREAM BENEFITS AND RESOURCES. THIS
PROGRAM SERVED 416 INDIVIDUALS FROM JULY 1, 2018 TO JUNE 30, 2019.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FIRST 5 CHILD CARE PROVIDED FULLY FUNDED CHILD CARE AND TRANSPORTATION
FOR HOMELESS CHILDREN FROM THE POLM FAMILY SHELTER AND HOUSING PROGRAM
PARTICIPANTS, TO ALLOW PARENTS THE OPPORTUNITY TO SEEK HOUSING,
TRAINING, AND EMPLOYMENT. RAPID RE-HOUSING PROGRAM PROVIDED RENTAL
ASSISTANCE TO HOMELESS FAMILIES WITH CHILDREN. ASSISTANCE IS PROVIDED
FROM THREE AND UP TO TWENTY-FOUR MONTHS WITH A STEP-DOWN CALCULATION
BASED ON THE CLIENT'S INCOME. CLIENTS WERE PROVIDED WITH RENTAL
ASSISTANCE, CASE MANAGEMENT, LIFE SKILLS, TRANSPORTATION ASSISTANCE,
UTILITY DEPOSITS AND ASSISTANCE, MOVING ASSISTANCE, GROCERIES, AND

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

CHILD CARE EMPLOYMENT PROGRAM. THIS PROGRAM IS A VITAL PART OF THE COMPREHENSIVE CONTINUUM OF CARE OFFERED BY POLM PROVIDING ACCESS TO ONE OF THE MOST EMPOWERING ASSETS HOMELESS INDIVIDUALS NEED TO OBTAIN AND MAINTAIN HOUSING AND THRIVE IN LIFE. THE PROGRAM OFFERS EMPLOYMENT READINESS, PEER SUPPORT AND FULL-TIME IN JOB PLACEMENTS MOBILE MENTAL HEALTH PROGRAM. THIS PROGRAM IS AN OUTPATIENT MOBILE BEHAVIORAL HEALTH PREVENTION AND INTERVENTION TO HOMELESS INDIVIDUALS AND FAMILIES WITH CHILDREN BEHAVIORAL SPECIALIST AND A PEER SUPPORT TEAM PROVIDE DIRECT SERVICES TO POLM CLIENTS WHO ARE WAITING FOR HOUSING (IN A SHELTER), HAVE OBTAINED HOUSING AND ADDRESSING BARRIERS TO MAINTAIN HOUSING. STREET OUTREACH: THE CITY OF PERRIS HAS ENLISTED THE ASSISTANCE OF POLM TO GO OUT INTO THE COMMUNITY AND MAKE CONTACT WITH HOMELESS INDIVIDUALS AND FAMILIES ON THE STREETS OF PERRIS. POLM PROVIDES INFORMATION, RESOURCE REFERRALS, WATER, SNACKS, AND EITHER A BUS PASS OR RIDE TO THE COMMUNITY SHELTER IF SOMEONE WOULD LIKE SHELTER. FURTHER CONTACT WITH LOCAL BUSINESSES AND THE COMMUNITY AT LARGE IS CONDUCTED SO THAT THEY CAN REFER THOSE IN NEED TO POLM. EXPENSES \$ 1,757,814. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PATH OF LIFE MINISTRIES REVIEWS THE FORM 990, ONCE COMPLETED, WITH ALL BOARD MEMBERS IN THEIR MONTHLY MEETING. EACH PAGE WILL BE REVIEWED AND QUESTIONS WILL BE RAISED TO THE CPA. IF CHANGES ARE NECESSARY, THE BOARD WILL RECOMMEND CHANGES. THE REVISED FORM 990 WILL BE SUBMITTED AFTER FINAL REVIEW AND APPROVAL OF THE RECOMMENDED CHANGES BY THE CEO

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY BOARD GOVERNANCE MANUAL SECTIONS 2 5B, 2 6B, AND 4 3H ADDRESS

Name of the organization

PATH OF LIFE MINISTRIES

Employer identification number

33-0724945

CONFLICTS OF INTEREST POLICY IMPLEMENTED IN 2012. A GOVERNANCE MONITORING PROCESS WHEREBY THE CEO PRESENTS A REPORT TO THE BOARD EACH MEETING INFORMING THEM OF THE CORPORATE STATE OF AFFAIRS. WITHIN EACH SECTION OF THE POLICY GOVERNANCE MANUAL PATH OF LIFE MINISTRIES IMPLEMENTED A SEPARATE CODE OF CONDUCT IN 2012 ACKNOWLEDGED BY EACH EMPLOYEE AND BOARD MEMBER WHICH INCLUDES A CONFLICT OF INTEREST POLICY. MEMBERS SIGN A FORM WHETHER OR NOT THEY HAVE A CONFLICT OF INTEREST WHEN STARTING WITH POLM AND SIGN AGAIN ANNUALLY. THEY ALSO STATE WHEN A CONFLICT OCCURS. WHEN THERE IS AN ACTIVE CONFLICT OF INTEREST, THE MEMBER IN QUESTION DOES NOT PARTICIPATE IN ANY DISCUSSION OR VOTE RELATED TO THE AREA OF CONFLICT

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS ALL STAFF SALARIES AS WELL AS COMPARABLE TOP EXECUTIVE SALARIES IN THE REGION WITH SIMILAR RESPONSIBILITIES. IT IS A CLOSED BOARD DISCUSSION AND DECISION AS TO THE COMPENSATION AND BENEFITS DETERMINED FOR THE CEO.

THE CEO REVIEWS ALL STAFF SALARIES AS WELL AS COMPARABLE SALARIES FOR THE POSITION(S) UNDER CONSIDERATION IN THE REGION WITH SIMILAR RESPONSIBILITIES. THE CEO REVIEWS CONSIDERATIONS WITH HR AND THEN DETERMINES THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

PATH OF LIFE MINISTRIES MAKES ALL REQUIRED PUBLIC INFORMATION AVAILABLE UPON REQUEST UNLESS GOVERNING LAW PRECLUDES ITS DISCLOSURE



(a California Nonprofit Corporation)

**Single Audit
Internal Control
and
Compliance Reports**

For the Year Ended June 30, 2019

SM&Co

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Redlands Office • 1940 Orange Tree Lane, Suite 100 • Redlands, CA 92374 • (909) 307-2323

Board of Directors
Path of Life Ministries
Riverside, CA

Report on Compliance for Each Major Federal Program; Report on Internal Control Over Compliance; and Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

Report on Compliance for Each Major Federal Program

We have audited Path of Life Ministries' compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Path of Life Ministries' major federal programs for the year ended June 30, 2019. Path of Life Ministries' major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Path of Life Ministries' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Path of Life Ministries' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Path of Life Ministries' compliance.

Opinion on Each Major Federal Program

In our opinion, Path of Life Ministries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.



Report on Internal Control over Compliance

Management of Path of Life Ministries is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Path of Life Ministries' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Path of Life Ministries' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of Path of Life Ministries as of and for the year ended June 30, 2019, and have issued our report thereon dated February 21, 2020, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditure of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script that reads 'Smith Marion & Co.'.

February 21, 2020

Path of Life Ministries
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2019

PROGRAM NAME	Federal Number	Contract No.	Expenditures
Department of Housing and Urban Development			
<i>Continuum of Care Program</i>			
County of Riverside PSH	[1]	CA1364L9D081703	\$ 1,222,276
County of Riverside RRH	[1]	CA1364L9D081703	216,733
County of Riverside RRH-EC	[1]	CA1450L9D081702	289,686
Subtotal	14.267		<u>1,728,695</u>
<i>Emergency Solutions Grants Program</i>			
Riverside County Emergency Solutions Grant Program	[1]	6.178-17	15,000
Riverside Emergency Shelter Grant	[2]	N/A	97,684
Riverside Cold Weather Shelter	[2]	N/A	67,600
County of Riverside Emergency Cold Weather Shelter Program	[1]	HO-02054-11	128,865
State ESG - Rapid Rehousing	[1]	HO-3658	113,551
		HO-03464-01	
State ESG	[1]	HO-03466-01	38,637
Subtotal	14.231		<u>461,337</u>
<i>CDBG - Entitlement Grants Cluster</i>			
City of Riverside	[2]	N/A	100,000
City of Jurupa Valley	[3]	N/A	67,383
Subtotal	14.218		<u>167,383</u>
Department of Housing and Urban Development Total			<u>2,357,415</u>
Department of Health and Human Services			
<i>477 Cluster</i>			
Community Services Block Grant	[1]		<u>13,436</u>
Subtotal	93.569	18-054	<u>13,436</u>
Department of Homeland Security Total			<u>13,436</u>
Department of Homeland Security			
Emergency Food & Shelter Program - Phase 34	[4]	LRO082000-119/185	39,300
Subtotal	97.024		<u>39,300</u>
Department of Homeland Security Total			<u>39,300</u>
Total Indirect Funding			<u>2,410,151</u>
Total Federal Assistance			<u>\$ 2,410,151</u>

Pass-through Agencies:

- [1] County of Riverside
- [2] City of Riverside
- [3] City of Jurupa Valley
- [4] Local Board of Riverside County

Summary of Significant Accounting Policies Applicable to the Schedule of Expenditures of Federal Awards

Scope of Presentation

The accompanying schedule presents the expenditures incurred (and related awards received) by that are reimbursable under federal programs of federal agencies providing financial assistance. For the purposes of this schedule, only the portions of program expenditures reimbursable with such federal funds are reported in the accompanying schedule. Program expenditures in excess of the maximum federal reimbursement authorized or the portion of the program expenditures that were funded with local or other nonfederal funds are excluded from the accompanying schedule.

Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activity of and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit requirements for Federal Awards (Uniform Guidance). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Indirect cost rate

Path of Life Ministries does not have a negotiated indirect cost rate with a cognizant federal agency. They have not elected to use the 10% de minimis cost rate. Costs incurred are allocated directly based on the agency's cost allocation plan.



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Board of Directors
Path of Life Ministries
Riverside, CA

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Path of Life Ministries, which comprise the statements of financial position as of June 30, 2019, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 21, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Path of Life Ministries' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Path of Life Ministries' internal control. Accordingly, we do not express an opinion on the effectiveness of Path of Life Ministries' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Path of Life Ministries' financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statements amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Smith Marion & Co.

February 21, 2020

SECTION I – Summary of Auditors’ Results

Financial Statements

1. Type of Auditor Report on the financial statements: Unmodified.
2. Internal control over financial reporting:
- a. Material weakness identified _____ yes X no
- b. Significant deficiencies identified that are not considered to be material weaknesses? _____ yes X no
3. Noncompliance material to financial statements? _____ yes X no

Federal Awards

4. Internal control over major programs:
- a. Material weakness identified _____ yes X no
- b. Significant deficiencies identified that are not considered to be material weaknesses? _____ yes X none reported
5. Type of auditors’ report on compliance for major programs: Unmodified.
6. Audit findings noted which are required to be reported under Section __ 200.516(a) of the Uniform Guidance? _____ yes X no
7. Identification of Major Programs:
- | <u>CFDA Number</u> | <u>Name of Federal Program</u> |
|--------------------|--------------------------------|
| 14.267 | Continuum of Care Program |
8. The Dollar Threshold Used to Distinguish Between Type A and Type B Programs: \$750,000.
9. Auditee qualified as a low-risk auditee? X yes ___ no

SECTION II – Financial Statement Findings

None

SECTION III – Federal Award Findings and Questioned Costs

None

No findings in the prior year.



City of
JURUPA VALLEY
California

**2019-2020 COMMUNITY DEVELOPMENT BLOCK GRANT
CDBG-CV (Coronavirus Response)
PUBLIC SERVICE GRANT APPLICATION**

Application must address how funds will be used to 'prevent', 'prepare' or 'respond' to the COVID-19 pandemic.

Application is due May 28, 2020 at 3:00PM

Late Applications will not be accepted

Submit 2 original applications & back up documentation to:

*Sean McGovern
Jurupa Valley City Hall
8930 Limonite Ave., Jurupa Valley CA 92509*

AND

Email the completed application form to: smcgovern@jurupavalley.org

Check each item included in your application package. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

Do not submit testimonials, letters of support, or program literature

MODIFIED APPLICATIONS WILL NOT BE ACCEPTED

Organization Name: Family Service Association (FSA)

Program Name: Personal Protective Equipment (PPE) Distribution

CDBG Amount Requested: \$25,900

- ☒.....Application
- ☒.....Attachment A: Proposed Budget
- ☒.....Attachment B: CDBG Funded Personnel

Please submit a copy of the following documents with the original application

- ☒.....IRS Tax Exempt Documentation
- ☒.....Most Recent Financial Audit & 990 Tax Filing

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: Family Service Association

B. Address: 21250 Box Springs Road, Suite 212 Moreno Valley, CA 92557

C. Program Name: Personal Protective Equipment (PPE) Distribution

D. CDBG Amount Requested: \$25,900

E. Check the **ONE** category that best describes the proposed program

☒ Elderly/Frail Elderly Services

☐ Youth Services

☐ Physically/Developmentally Disabled Services

☐ Crime Awareness

☐ Persons with HIV/AIDS Services

☐ Homeless Services

☐ Fair Housing Services

☐ Substance Abuse Services

☐ Severe Mental Illness Services

☐ Child Care Services

☐ Other Public Service (specify)

☐ Health Services

F. Is this application submitted by a faith-based organization?

☐ Yes ☒ No

G. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): 5888 Mission Boulevard, Riverside, CA 92509

H. Person to contact regarding this application & program administration:

Name: Tom Donahue Email Address: Tom.Donahue@fsaca.org

Telephone: 951-342-3057 Fax: 951-276-9542

I. Federal Tax ID Number: 95-1803694

K. DUNS Number: 791329071

K. Officials Authorized to Sign Contracts & Expend Funds:

Name: Judith Wood Title: CEO

Name: Shannon Gonzalez Title: CPO

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of how the proposed program will address how funds will be used to 'prevent', 'prepare' or 'respond' to the COVID-19 pandemic need in Jurupa Valley, your agency's capacity/experience to carry out the activity & administering CDBG funds, and how CDBG grant funds will be used.

FSA's Personal Protection Program (PPE) will provide seniors at the Eddie D. Smith Center with hygiene and protective supplies to prevent the spread of COVID-19. FSA is currently providing a Curbside Pickup of Prepared Meals for seniors at the Center. Every week, over 100 unduplicated seniors receive a weekly meal package. With the onset of COVID-19, many seniors need PPE supplies and have requested support in purchasing items. FSA's PPE Program will provide a package of supplies to seniors during the regularly scheduled curbside pickup of meals. The package will include the following items: soap, hand sanitizer, gloves, and masks. FSA will distribute items from July – September and if desired by the City of Jurupa Valley (with the additional funding), FSA will continue distribution until there is no longer a need for items/services.

An FSA Staff member will distribute the items as individuals remain in the car to limit in-person contact. All Staff have been trained appropriately and are following recommended steps to protect from the virus.

3. COMMUNITY NEED

Provide data relevant to the COVID-19 pandemic-related need for the proposed program in Jurupa Valley. Ensure information is specific to the City. Ensure you specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated/demonstrably reduced.

According to the Centers for Disease Control and Prevention (CDC), seniors are at a higher risk of infection or severe illness from COVID-19. Individuals with underlying health conditions appear to be about twice as likely to develop serious outcomes versus otherwise younger, healthier people. Because of these reasons, many seniors are choosing to self-isolate themselves from others to prevent the spread of the virus. Many seniors need protective equipment when going out of their houses and to essential places, such as their doctor or the grocery store. FSA has received several inquiries from individuals looking for hand sanitizer and gloves. The PPE Program at the Eddie D. Smith Center will offer protective gear at no-cost to seniors to address the importance of preventing COVID-19.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) & other relevant information.

Family Service Association (FSA) is one of the largest and most impactful human service nonprofit organizations serving residents of the Inland Empire. In 1953, the Junior League founded the Family Service Agency to provide counseling services in the City of Riverside. The agency remained dedicated to this mission and single-service until the mid-1980's when new leadership began the expansion of the scope of services and geographic area. Today, FSA serves thousands of individuals and families each year in the areas of: Behavioral Health, Child Development, Child Abuse Prevention, Community Centers, and Senior Housing, Nutrition and Wellness.

FSA has been providing services to the elderly since the late 1980's and began the provision of Senior Nutrition Services in the mid-1990's beginning in the County of Riverside and expanding to San Bernardino County in 2004. Today, FSA provides congregate and home-delivered meals at 27 Inland Empire sites, reaching over 10,000 unduplicated individuals annually.

FSA is accredited by the Council on Accreditation (COA) which attests that the agency meets the highest national standards and is delivering the best quality services to the community that it serves. As operator of the Eddie Dee Smith Center, FSA provides high-quality, effective services for residents. Families can access emergency food distribution, health care, and referrals to clothing and utility assistance.

- B. Summarize your organization's experience administering CDBG public service grant funds.

FSA has received CDBG funds for over 16 years to operate community centers, run programs ranging from health and wellness to case management. We have also been the recipient of Federal grant funds over the last 20 years to operate programs in Education, Health and Human Services, Clinical Mental Health, Housing, and others.

FSA has been fortunate to have received CDBG funding for our Senior Nutrition Services since 2004. FSA currently receives CDBG Funding from eleven cities in the Inland Empire and from several cities' general fund budget to support operating the Senior Nutrition Program.

FSA has the following policies and procedures are in place:

- FSA has a formal personnel system in place and written procedures
 - Staff salary can be tracked by funding source
 - Formal written accounting procedures are in place and formal audits are conducted each year.
- Additionally, FSA uses a separate revenue account to segregate all CDBG funds received. As a recipient of more than \$750,000 in federal funds, the agency is also subject to single audit requirements using appropriate professional standards

C. List 3 references for 3 grant fund providers that have funded the proposed program. NA ☐

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
City of Perris - CDBG	Sara Pavon Cortes Scortes@cityofperris.org (951) 943 – 5003 Ext 254	\$24,500	7/1/19 – 6/30/2020
City of Moreno Valley - CDBG	Dena Heald GrantsAdmin@moval.org (951) 413-3450	\$20,000	7/1/19 – 6/30/2020
San Bernardino County Department on Aging & Adult Services	Kimberlee Van Kimberlee.van@hss.sbcounty.gov (909) 891-3984	\$10,635,000	7/1/19 – 6/30/2022

D. Compliance with 2 CFR Part 200(Single Audit):

1. In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes ☒ No ☐
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes ☒ No ☐ If "Yes" please provide a copy of most recent Single Audit.

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

1. 2019-2020 Jurupa Valley CDBG-CV Grant Funds Requested: \$25,900
2. Total 2019-2020 Program Budget: \$25,900
3. Total 2019-2020 Agency Budget: \$22,313,087

B. Detail how requested CDBG-CV funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B "Proposed Program Budget"** is reflective of this outline.

With funding from the City of Jurupa Valley, FSA will distribute PPE supplies to a minimum of 150 seniors at the Eddie D. Smith Center. Funding will support the cost of supplies, including masks, gloves, soap, hand sanitizer, and other hygiene items. A small percentage of funding (\$900) will support the salary of FSA's Program Aide who will help distribute the items each month.

C. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C "CDBG-CV Funded Personnel"** must be completed).

Full-Time Staff: 284

Part-Time Staff: 45

Contract Staff: 3

Volunteers: 90

D. What percentage of the organization's total budget is spent on fundraising & overall administration?
13%

E. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

1. Total number of unduplicated program clients, **regardless of city of residence** that will be service by the program between 7/1/2019 & 6/30/2020? 150 Individuals
2. Total number of unduplicated **Jurupa Valley clients** that the program will serve by the program between 7/1/19 & 6/30/20? 150 Individuals
3. Total number of unduplicated Jurupa Valley clients that the program will serve with CDBG funds between 7/1/19 & 6/30/20? 150 Individuals
4. What % of the total program budget will be used to serve unduplicated Jurupa Valley residents?
100%

F. Is this a new program? Yes ☒ No ☐ If this is **not** a "New" program, how will this program be expanded from current program efforts? _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2019 through 6/30/2020:

- A. Number of unduplicated Jurupa Valley residents the program will serve with requested CDBG-CV funds? 150 Individuals.

What % of these individuals will be of low/moderate income? 100%

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for "presumed beneficiary" category clients; however, documentation of "presumed beneficiary" status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.

- B. Does the proposed program application/intake form collect all HUD-required information?

Yes ☒ No ☐ If "Yes," how is this information documented?

a. Self-Certification ☐

b. Analysis of household income documents such as tax returns/pay checks ☐

c. Program serves **presumed beneficiary** category ☒ List category Seniors age 62 and older

If "No," how will this information be collected & reported to the City? _____

- C. If the proposed service assists the homeless, what percentage of clients are "chronic homeless?"
____% ☒ Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- D. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- ☒ Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- ☐ Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- ☐ Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- ☒ Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- ☐ Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- ☐ Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Jurupa Valley ("City") by the Board of Directors of {Insert Agency Name} ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Jurupa Valley residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Jurupa Valley residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Shannon Gonzalez

Title: CFO

Shannon Gonzalez
Signature

5/27/2020
Date

ATTACHMENT A

PROPOSED 2019-2020 CDBG-CV PROGRAM BUDGET

Program Name: Personal Protection Equipment (PPE) Distribution

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$900	\$	\$900
Program Supplies	\$25,000	\$	\$25,000
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$25,900	\$	\$25,900

List Source of "Other" Program Funds to be use to Assist JV Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
N/A This service will be fully funded by the City of Jurupa Valley.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$	

ATTACHMENT B

CDBG-CV FUNDED PERSONNEL

☐ CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING 2019-2020 CDBG-CV FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
Program Aide (20hrs/month x 3 months)	\$31,200	\$6,240	\$37,440	\$900	0.02%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG-CV FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO JURUPA VALLEY CDBG-CV ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%