

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2014 calendar year, or tax year beginning 7/1/2014 and ending 6/30/2015; B Check if applicable; C Name of organization North County Lifeline, Inc; D Employer identification number 95-2794253; E Telephone number (760) 842-6241; F Name and address of principal officer: Donald Stump 3142 Vista Way, Suite 400, Oceanside, CA 92056; G Gross receipts \$ 6,861,072; H(a) Is this a group return for subordinates? Yes X No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: www.nclifeline.org; K Form of organization: X Corporation; L Year of formation: 1973; M State of legal domicile: CA

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expenses.

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.

Signature of officer: Lori Landry, AED of Business Operations. Date: 2-12-16.

Paid Preparer Use Only section: Print/Type preparer's name Leonard Sonnenberg; Preparer's signature; Date 12/8/2015; Firm's name Sonnenberg & Company, CPAs; Firm's EIN 95-3749711; Firm's address 5190 Governor Dr, #201, San Diego, CA 92122; Phone no. 858-457-5252.

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

Part III

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To build partnerships in North San Diego County and deliver services to children, families and individuals that resolve problems, increase skills and nurture self-reliance. [X]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,416,072 including grants of \$ 2,927 ) (Revenue \$ ) BEHAVIORAL HEALTH - STUDENTS AGE 17 AND UNDER IN SEVEN NORTH COUNTY SCHOOL DISTRICTS WHO MEET MEDICAL NECESSITY REQUIREMENTS ACCORDING TO TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS ARE ELIGIBLE TO RECEIVE MENTAL HEALTH OUTPATIENT SERVICES. YOUTH MUST BE MEDICAL ELIGIBLE OR DESIGNATED AS AB 2726 ON THEIR INDIVIDUALIZED EDUCATIONAL PLAN (IEP), INDICATING THAT THEIR EMOTIONAL NEEDS EXCEED THE SCOPE OF A SCHOOL COUNSELOR OR PSYCHOLOGIST. PROGRAM SERVICES ARE PROVIDED PRIMARILY ON SCHOOL CAMPUSES, IN THE CLIENT'S HOME OR AT A LIFELINE CLINIC, AND INCLUDE INDIVIDUAL, GROUP AND FAMILY THERAPY; REHABILITATION SERVICES; MEDICATION SUPPORT; CASE MANAGEMENT BROKERAGE; AND CRISIS INTERVENTION AS NEEDED. YOUTH AND FAMILIES ARE CONNECTED WITH MEDICAL, SOCIAL, REHABILITATIVE, OR OTHER COMMUNITY SERVICES AND SUPPORTS.

4b (Code: ) (Expenses \$ 1,030,764 including grants of \$ 52,312 ) (Revenue \$ 4,875 ) EMPLOYMENT AND HOUSING - A GROUP OF PROGRAMS TO HELP LOW INCOME PARTICIPANTS DEVELOP AND CONTINUE EDUCATIONAL AND CAREER GOALS. PARTICIPANTS ARE ENCOURAGED TO SEEK TRAINING OR EDUCATION THAT WILL ENABLE THEM TO WORK OR IMPROVE THEIR CURRENT EMPLOYMENT SITUATION. PARTICIPANTS MAY BE REFERRED TO A VARIETY OF RESOURCES TO HELP THEM ACHIEVE THEIR GOALS. HOUSING SERVICES ARE PROVIDED TO LOW INCOME FAMILIES AND TO TRANSITION AGE YOUTH WHO HAVE AGED OUT OF THE FOSTER CARE SYSTEM.

4c (Code: ) (Expenses \$ 1,912,566 including grants of \$ 58,513 ) (Revenue \$ ) YOUTH DEVELOPMENT - LIFELINE PARTNERS WITH THE LAW ENFORCEMENT, SCHOOLS, CITIES AND OTHER COMMUNITY ORGANIZATIONS TO REDUCE TRUANCY AND PREVENT YOUTH FROM JOINING LOCAL GANGS. LIFELINE WORKS WITH YOUTH PICKED UP FOR MINOR OFFENSES AND MISDEMEANORS AND THEIR FAMILIES, AND PROVIDING COUNSELING, MENTORING, PARENT EDUCATION AND CONNECTING THEM WITH SERVICES THAT BEST MEET THEIR NEEDS. INTENSIVE GANG PREVENTION AND INTERVENTION SERVICES ARE PROVIDE IN THE CITIES OF VISTA AND OCEANSIDE.

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

(Expenses \$ 1,384,392 including grants of \$ 41,017 ) (Revenue \$ 54,925 )

4e Total program service expenses 5,743,794

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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.

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 (or 1024 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.
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:

LORI LANDRY

(760) 726-4900

3142 VISTA WAY, SUITE 400, OCEANSIDE, CA 92056

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Paul Cevolani ----- President	1.00 0.00	X		X						
(2) Mary Urelus ----- Vice-President	1.00 0.00	X		X						
(3) Paul Garza ----- Secretary	1.00 0.00	X		X						
(4) Mary Donovan ----- Treasurer	1.00 0.00	X		X						
(5) Jim Hagar ----- Immediate Past President	1.00 0.00	X		X						
(6) Patrick Daly ----- Director	1.00 0.00	X								
(7) Samuel Brown ----- Director	1.00 0.00	X								
(8) Travis Brown ----- Director	1.00 0.00	X								
(9) Richard Domalgalski ----- Director	1.00 0.00	X								
(10) Betty Graff ----- Director	1.00 0.00	X								
(11) John Moffat ----- Director	1.00 0.00	X								
(12) Rusty Williams ----- Director	1.00 0.00	X								
(13) Reginald Owens ----- Director	1.00 0.00	X								
(14) Andrew Johnson ----- Director	1.00 0.00	X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Max Villalobos Director	1.00 0.00	X								
(16) Donald Stump Executive Director	40.00 0.00			X			128,015			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							128,015	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							128,015	0	0	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	3	X
<b>4</b> 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>	4	X
<b>5</b> 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>	5	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
		0
		0
		0
		0
		0

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	0			
	b	Membership dues . . . . .	1b	0			
	c	Fundraising events . . . . .	1c	0			
	d	Related organizations . . . . .	1d	0			
	e	Government grants (contributions) . . . . .	1e	6,666,125			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	112,730			
	g	Noncash contributions included in lines 1a-1f: \$		70,794			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		6,778,855			
	<b>Program Service Revenue</b>			<b>Business Code</b>			
2a		Client Fees . . . . .	812900	59,800	59,800		
b		_____		0			
c		_____		0			
d		_____		0			
e		_____		0			
f		All other program service revenue . . . . .		0			
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		59,800			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		0			
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶		0			
	5	Royalties . . . . . ▶		0			
	6a			(i) Real	(ii) Personal		
				9,594			
		b	Less: rental expenses . . . . .				
		c	Rental income or (loss) . . . . .	9,594	0		
	d	Net rental income or (loss) . . . . . ▶		9,594	9,594		
	7a			(i) Securities	(ii) Other		
				0	0		
		b	Less: cost or other basis and sales expenses . . . . .	0	0		
		c	Gain or (loss) . . . . .	0	0		
	d	Net gain or (loss) . . . . . ▶		0			
	8a	Gross income from fundraising events (not including \$ _____ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .		a	0		
		b	Less: direct expenses . . . . .	b	0		
c		Net income or (loss) from fundraising events . . . . . ▶		0			
9a	Gross income from gaming activities. See Part IV, line 19. . . . .		a	0			
	b	Less: direct expenses . . . . .	b	0			
	c	Net income or (loss) from gaming activities . . . . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . . . . .		a	0			
	b	Less: cost of goods sold . . . . .	b	0			
	c	Net income or (loss) from sales of inventory . . . . . ▶		0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11a	Miscellaneous . . . . .	900099	12,823	12,823			
b	_____		0				
c	_____		0				
d	All other revenue . . . . .		0				
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		12,823				
12	<b>Total revenue.</b> See instructions. . . . . ▶		6,861,072	82,217	0	0	

**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 domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	154,768	154,768		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	128,015	103,467	22,561	1,987
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	3,935,675	3,180,965	693,620	61,090
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	598,486	483,716	106,990	7,780
10	Payroll taxes	345,305	279,088	61,729	4,488
11	Fees for services (non-employees):				
a	Management	26,785	26,502	249	34
b	Legal	713	705	6	2
c	Accounting	25,248	24,982	234	32
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	720,926	713,315	6,692	919
12	Advertising and promotion	6,112	4,997	1,072	43
13	Office expenses	131,371	106,625	23,445	1,301
14	Information technology	0			
15	Royalties	0			
16	Occupancy	397,119	322,652	69,238	5,229
17	Travel	95,467	77,585	16,680	1,202
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	27,054	22,000	4,719	335
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	36,259	29,462	6,320	477
23	Insurance	48,599	39,454	8,462	683
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	EDUCATION AND TRAINING	12,993	10,682	2,154	157
b	IN-KIND ITEMS	70,794	63,759		7,035
c	REPAIRS AND MAINTENANCE	83,374	64,530	17,815	1,029
d	SMALL EQUIPMENT	42,320	34,540	7,409	371
e	All other expenses	3,832		3,718	114
25	<b>Total functional expenses.</b> Add lines 1 through 24e	6,891,215	5,743,794	1,053,113	94,308
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	588,109	<b>1</b>	433,983
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	925,393	<b>3</b>	967,206
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	186,253	<b>9</b>	234,575
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,625,320		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 628,153	<b>10c</b>	1,997,167
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,733,181	<b>16</b>	3,632,931	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	584,834	<b>17</b>	540,451
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	17,244	<b>19</b>	1,011
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	534,714	<b>23</b>	525,223
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,136,792	<b>26</b>	1,066,685
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,574,940	<b>27</b>	2,501,013
	<b>28</b> Temporarily restricted net assets . . . . .	21,449	<b>28</b>	65,233
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances . . . . .</b>	2,596,389	<b>33</b>	2,566,246	
<b>34</b> <b>Total liabilities and net assets/fund balances . . . . .</b>	3,733,181	<b>34</b>	3,632,931	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,861,072
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,891,215
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,143
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,596,389
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,566,246

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
2b	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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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? . . . . .	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

North County Lifeline, Inc

Employer identification number

95-2794253

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 . . . . . 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,978,953	6,461,085	8,223,318	7,154,541	6,780,684	34,598,581
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	78,059	78,059	164,925	272,041	273,762	866,846
<b>4 Total.</b> Add lines 1 through 3 . . . . .	6,057,012	6,539,144	8,388,243	7,426,582	7,054,446	35,465,427
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						35,465,427

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	6,057,012	6,539,144	8,388,243	7,426,582	7,054,446	35,465,427
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	6,323	23,358	12,913	4,630	9,594	56,818
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						35,522,245
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> 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**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.84%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.83%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> 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 . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
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.		

**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.		
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.		

**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).		

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described 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.		
3	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
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.		
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.		

**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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	0
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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	0
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
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	<b>Total annual distributions.</b> Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	0
10	Line 8 amount divided by Line 9 amount	0.000

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013 . . . . .			
f	<b>Total of lines 3a through e</b>	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	<b>Distributions for 2014 from Section D, line 7:</b> \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.	0		
8	<b>Breakdown of line 7:</b>			
a				
b				
c				
d	Excess from 2013 . . . . .	0		
e	Excess from 2014 . . . . .	0		



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2014**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

North County Lifeline, Inc

Employer identification number

95-2794253

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> North County Lifeline, Inc	<b>Employer identification number</b> 95-2794253
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**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	Vista United School District 1234 Arcadia Ave Vista CA 92083 Foreign State or Province: _____ Foreign Country: _____	\$ 548,257	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	San Diego Workforce Partnership 3910 University Ave, Suite 100 San Diego CA 92105 Foreign State or Province: _____ Foreign Country: _____	\$ 379,403	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	San Diego Youth Services 3255 Wing Street San Diego CA 92110 Foreign State or Province: _____ Foreign Country: _____	\$ 185,042	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	United Way of San Diego 4699 Murphy Canyon Rd. San Diego CA 92123 Foreign State or Province: _____ Foreign Country: _____	\$ 15,908	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LISC 4305 University Ave, Suite 420 San Diego CA 92105 Foreign State or Province: _____ Foreign Country: _____	\$ 131,698	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Carlsbad Unified School District 6225 El Camino Real Carlsbad CA 92009 Foreign State or Province: _____ Foreign Country: _____	\$ 224,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
North County Lifeline, Inc

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95-2794253

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	County of San Diego 9444 Balboa Ave, Suite 500 San Diego CA 92123 Foreign State or Province: Foreign Country:	\$ 3,861,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	City of Vista 200 Civic Center Drive Vista CA 92084 Foreign State or Province: Foreign Country:	\$ 331,930	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Community Housing Works 1820 S. Escondido Blvd., Suite 101 Escondido CA 92025 Foreign State or Province: Foreign Country:	\$ 12,349	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	City of Oceanside 300 N. Coast Highway Oceanside CA 92054 Foreign State or Province: Foreign Country:	\$ 159,368	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BSCC 600 Bearcut Drive Sacramento CA 95811 Foreign State or Province: Foreign Country:	\$ 166,321	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	City of San Marcos 1 Civic Center Drive San Marcos CA 92069 Foreign State or Province: Foreign Country:	\$ 21,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
North County Lifeline, Inc

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95-2794253

**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
13	City of Escondido 201 N. Broadway Escondido CA 92025 Foreign State or Province: Foreign Country:	\$ 30,545	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Fallbrook Unified School District 321 N. Iowa Fallbrook CA 92028 Foreign State or Province: Foreign Country:	\$ 153,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Bonsall Unified School District 31505 Old River Rd Bonsall CA 92003 Foreign State or Province: Foreign Country:	\$ 48,082	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Leichtag 5800 Armada Dr. Suite 100 Carlsbad CA 92008 Foreign State or Province: Foreign Country:	\$ 86,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Tri-City Healthcare District 4002 Vista Way Oceanside CA 92056 Foreign State or Province: Foreign Country:	\$ 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Mira Costa College 1 Benard Dr. Oceanside CA 92056 Foreign State or Province: Foreign Country:	\$ 12,960	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
North County Lifeline, Inc

Employer identification number  
95-2794253

**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
19	Cardiff School District 1888 Montgomery Ave Cardiff by the Sea CA 92007 Foreign State or Province: Foreign Country:	\$ 18,538	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Alliance Healthcare Foundation 5060 Shoreham Drive, Suite 350 San Diego CA 92122 Foreign State or Province: Foreign Country:	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Wells Fargo Foundation 90 South 7th Street Minneapolis MN 55479 Foreign State or Province: Foreign Country:	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	San Diegans for Healthcare Coverage 2251 San Diego Avenue, Suite A-270 San Diego CA 92110 Foreign State or Province: Foreign Country:	\$ 22,067	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Datron World Communications 3055 Enterprise Court Vista CA 92081 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Samuel & Katherine French Fund One West Fourth Street, 2nd Floor Winston-Salem NC 27101 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> North County Lifeline, Inc	<b>Employer identification number</b> 95-2794253
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**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
25	Rudy & Elizabeth Van Hunnick 4940 Lassen Drive Oceanside CA 92056 Foreign State or Province: _____ Foreign Country: _____	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	The Ameritino Foundation 1214 Countrywood Lane Vista CA 92081 Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	The Women's Foundation of California 300 Frank H. Ogawa Plaza, Suite 420 Oakland CA 94612 Foreign State or Province: _____ Foreign Country: _____	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	United Methodist Church of Vista 490 S. Melrose Drive Vista CA 92081 Foreign State or Province: _____ Foreign Country: _____	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	City of Encinitas 505 S. Vulcan Avenue Encinitas CA 92024 Foreign State or Province: _____ Foreign Country: _____	\$ 11,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	The San Diego Foundation 2508 Historic Decatur Road, 200 San Diego CA 92106 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> North County Lifeline, Inc	<b>Employer identification number</b> 95-2794253
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**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
31	Encinitas Rotary Club Foundation 5946 Priestly Drive, Suite 200 Carlsbad CA 92008 Foreign State or Province: _____ Foreign Country: _____	\$ 9,422	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
North County Lifeline, Inc

Employer identification number  
95-2794253

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

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

Name of organization North County Lifeline, Inc	Employer identification number 95-2794253
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**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 information once. See instructions.) ▶ \$ \_\_\_\_\_ 0

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
For. Prov. _____ Country _____	

(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
For. Prov. _____ Country _____	

(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
For. Prov. _____ Country _____	

(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
For. Prov. _____ Country _____	

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

North County Lifeline, Inc

95-2794253

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to 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" to 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 8/17/06, 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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" to 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 in 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 in Form 990, Part VIII, line 1 . . . . . ▶ \$ b Assets included in Form 990, Part X . . . . . ▶ \$	

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
1c Beginning balance	0
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0		
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	0	0	0	0	0

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 in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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	0	888,842		888,842
b Buildings	0	572,040	121,804	450,236
c Leasehold improvements	0	812,591	154,502	658,089
d Equipment	0	43,799	43,799	0
e Other	0	308,048	308,048	0

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,997,167

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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 . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) -----		
(2) -----		
(3) -----		
(4) -----		
(5) -----		
(6) -----		
(7) -----		
(8) -----		
(9) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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) -----	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	0
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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 I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Employer identification number

North County Lifeline, Inc

95-2794253

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 0
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 0



# Continuation Sheet for Schedule I (Form 990)

Name of the organization

North County Lifeline, Inc

Employer identification number

95-2794253

## Part III Continuation of Grants and Other Assistance to Individuals in the United States

8	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8	Medical Care	1	320		FMV	
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: **North County Lifeline, Inc** Employer identification number: **95-2794253**

**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		52,582	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	600	18,212	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**

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



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

North County Lifeline, Inc

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Employer identification number

95-2794253

Form 990, Part III, Line 4d: Program Service Expenses: 880,100, Grants and allocations:

39,627, Revenue: 0 CHILD ABUSE PREVENTION - THE PROGRAM WORKS WITH FAMILIES AT GREATEST RISK

FOR CHILD ABUSE AND NEGLECT DUE TO POVERTY, SUBSTANCE ABUSE, AND DOMESTIC VIOLENCE. THE STAFF

WORK WITH SAN DIEGO COUNTY'S CHILD WELFARE SERVICES TO IDENTIFY AND ASSIST THESE FAMILIES TO

RETAIN OR REUNIFY WITH THEIR CHILDREN.

Form 990, Part III, Line 4d: Program Service Expenses: 455,888, Grants and allocations: 0,

Revenue: 1,640 DISPUTE RESOLUTION - LIFELINE PROVIDES FREE MEDIATION SERVICES ONSITE AT THE

NORTH COUNTY REGIONAL -CENTER FOR SELF-REPRESENTED SMALL CLAIMS LITIGANTS. MEDIATION STAFF

AND VOLUNTEERS ATTEND EACH SMALL CLAIMS COURT SESSION TO OFFER MEDIATION AS AN ALTERNATIVE TO

TRIAL. PROSPECTIVE MEDIATION PARTICIPANTS ARE SCREENED FOR ELIGIBILITY BASED ON THE SUBJECT

MATTER OF THEIR DISPUTE AND JURISDICTION/GEOGRAPHIC REQUIREMENTS. LITIGANTS WHO DO NOT MEET

SERVICE ELIGIBILITY CRITERIA ARE PROVIDED WITH COMMUNITY EDUCATION AND ARE REFERRED TO OTHER

AGENCIES.

Form 990, Part III, Line 4d: Program Service Expenses: 48,404, Grants and allocations: 1,390,

Revenue: 53,285 ADULT INTERVENTION - LIFELINE OFFERS A 52-WEEK COURT AND COMMUNITY SERVICES

BUREAU (CSB) APPROVED INTERVENTION PROGRAM FOR MALE AND FEMALE PERPETRATORS OF DOMESTIC

VIOLENCE. GROUPS ARE AVAILABLE IN ENGLISH AND SPANISH. LIFELINE ACCEPTS REFERRALS FROM THE

COURTS FOR INDIVIDUALS WHO HAVE BEEN CONVICTED OF DOMESTIC VIOLENCE OFFENSES.

Form 990, Part VI, Section B, Line 11b: THE BOARD RECEIVES A FULL COPY OF THE AGENCY TAX

RETURNS ANNUALLY AND REVIEWS/APPROVES THEM IN GROUP FORUM.

Form 990, Part VI, Section B, Line 12c: ONCE THE PERSON DISCLOSES THE ISSUE, THE MATTER IS

FOLLOWED ON A CASE BY CASE BASIS.

Form 990, Part VI, Section B, Line 15b: THE COMPENSATION OF THE CEO AND CFO IS REVIEWED BY THE

PERSONNEL COMMITTEE AND THE FULL BOARD ONCE EACH FISCAL YEAR. COMPARATIVE DATA, PERFORMANCE

EVALUATION RESULTS, LEVEL OF RESPONSIBILITY, TITLE, JOB DESCRIPTION, INTERNAL SALARY SCALE AND

TENURE ARE ALL CONSIDERED.

Name of the organization

Employer identification number

North County Lifeline, Inc

95-2794253

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part IX, Line 11g: FEES FOR SERVICES-OTHER CONSISTS OF SUBCONTRACTORS AND MARKETING

CONSULTANTS.

Multiple horizontal dashed lines for text entry.

2014 Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015

Corporation/Organization name NORTH COUNTY LIFELINE, INC California corporation number 0687661

Additional Information. See instructions. FEIN 95-2794253

Street address (suite or room) 3142 VISTA WAY 400 PMB no.

City OCEANSIDE State CA Zip code 92056

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


- A First Return  Yes  No
- B Amended Return  Yes  No
- C IRC Section 4947 (a)(1) trust  Yes  No
- D Final Information Return?  Dissolved  Surrendered (Withdrawn)
  - Merged/Reorganized
  - Enter date: (mm/dd/yyyy) \_\_\_\_\_
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed?  (1) 990T  (2) 990-PF  (3) Sch H (990)
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption?  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No
- K Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.  
No filing fee is required.
- M Is the organization a Limited Liability Company?  Yes  No
- N Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- O Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- P Is an IRS Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	82,217	00
	2	Gross dues and assessments from members and affiliates	2	0	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	6,778,855	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	6,861,072	00
	5	Cost of goods sold	5	0	00
	6	Cost or other basis, and sales expenses of assets sold	6	0	00
	7	Total costs. Add line 5 and line 6	7	0	00
	8	Total gross income. Subtract line 7 from line 4	8	6,861,072	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,891,215	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-30,143	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	0	00
	12	Total payments	12	0	00
	13	Penalties and Interest. See General Instruction J	13	0	00
	14	Use tax. See General Instruction K. Form 3539	14	0	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result. 0	15	0	00

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

Signature of officer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Preparer's signature  Date 12/08/2015 Check if self-employed  PTIN P00287581

Firm's name (or yours, if self-employed) and address **SONNENBERG & COMPANY. CPAS** FEIN 95-3749711  
 5190 GOVERNOR DR, #201, SAN DIEGO, CA Telephone 858-457-5252

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

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

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	<b>1</b>	59,800	00
	<b>2</b> Interest	<b>2</b>	0	00
	<b>3</b> Dividends	<b>3</b>	0	00
	<b>4</b> Gross rents	<b>4</b>	9,594	00
	<b>5</b> Gross royalties	<b>5</b>	0	00
	<b>6</b> Gross amount received from sale of assets (See instructions)	<b>6</b>	0	00
	<b>7</b> Other income. Attach schedule	<b>7</b>	12,823	00
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	<b>8</b>	82,217	00
	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	<b>9</b>	154,768	00
<b>Expenses and Disbursements</b>	<b>10</b> Disbursements to or for members.	<b>10</b>	0	00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule	<b>11</b>	128,015	00
	<b>12</b> Other salaries and wages	<b>12</b>	3,935,675	00
	<b>13</b> Interest	<b>13</b>	27,054	00
	<b>14</b> Taxes	<b>14</b>	345,305	00
	<b>15</b> Rents	<b>15</b>	397,119	00
	<b>16</b> Depreciation and depletion (See instructions)	<b>16</b>	36,259	00
	<b>17</b> Other Expenses and Disbursements. Attach schedule	<b>17</b>	1,867,020	00
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	<b>18</b>	6,891,215	00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
<b>1</b> Cash		588,109.		433,983.
<b>2</b> Net accounts receivable		925,393.		967,206.
<b>3</b> Net notes receivable		0.		0.
<b>4</b> Inventories		0.		0.
<b>5</b> Federal and state government obligations		0.		0.
<b>6</b> Investments in other bonds		0.		0.
<b>7</b> Investments in stock		0.		0.
<b>8</b> Mortgage loans		0.		0.
<b>9</b> Other investments. Attach schedule		0.		0.
<b>10 a</b> Depreciable assets	1,736,478.		1,736,478.	
<b>b</b> Less accumulated depreciation	( 591,894. )	1,144,584.	( 628,153. )	1,108,325.
<b>11</b> Land		888,842.		888,842.
<b>12</b> Other assets. Attach schedule		186,253.		234,575.
<b>13 Total assets</b>		3,733,181.		3,632,931.
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable		584,834.		540,451.
<b>15</b> Contributions, gifts, or grants payable		0.		0.
<b>16</b> Bonds and notes payable		0.		0.
<b>17</b> Mortgages payable		534,714.		525,223.
<b>18</b> Other liabilities. Attach schedule		17,244.		1,011.
<b>19</b> Capital stock or principal fund		0.		0.
<b>20</b> Paid-in or capital surplus. Attach reconciliation		0.		0.
<b>21</b> Retained earnings or income fund		2,596,389.		2,566,246.
<b>22 Total liabilities and net worth</b>		3,733,181.		3,632,931.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
<b>1</b> Net income per books	● -30,143.	<b>7</b> Income recorded on books this year not included in this return. Attach schedule	● 0.
<b>2</b> Federal income tax	●	<b>8</b> Deductions in this return not charged against book income this year. Attach schedule	● 0.
<b>3</b> Excess of capital losses over capital gains	●	<b>9</b> Total. Add line 7 and line 8	● 0.
<b>4</b> Income not recorded on books this year. Attach schedule	● 0.	<b>10</b> Net income per return. Subtract line 9 from line 6	● -30,143.
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule	● 0.		
<b>6</b> Total. Add line 1 through line 5	-30,143.		

# 2014 Depreciation and Amortization

# 3885F

Attach to Form 541, Form 109, or Form 199.

Name of estate or trust  
**NORTH COUNTY LIFELINE, INC** FEIN  
**95-2794253**

Assets and intangibles placed in service during the 2014 taxable year:			Depreciation			Amortization		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
<b>1</b>								0.
								0.
								0.
Add line 1 column (f) and column (i) amounts. See instructions					0.			0.

**Depreciation**

- 2** California depreciation for assets placed in service beginning before the 2014 taxable year ..... **2** 36,259.  
 Be sure to make adjustments for any basis differences.
- 3** Total California depreciation. Add line 1(f) and line 2 ..... **3** 36,259.

**Amortization**

- 4** California amortization for intangibles placed in service beginning before the 2014 taxable year ..... **4** 0.  
 Be sure to make adjustments for any basis differences.
- 5** Total California amortization. Add line 1(i) and line 4 ..... **5** 0.
- 6** Total depreciation and amortization. Add line 3 and line 5. See instructions ..... **6** 36,259.

**General Information**

In general, for taxable years beginning on or after January 1, 2010, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2009. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to [ftb.ca.gov](http://ftb.ca.gov) and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments. The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the tax booklets. Taxpayers should not consider the tax booklets as authoritative law.

**A Purpose**

Use form FTB 3885F, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 541, California Fiduciary Income Tax Return, Form 109, California Exempt Organization Business Income Tax Return, or Form 199, California Exempt Organization Annual Information Return. Attach form FTB 3885F to Form 541, Form 109, or Form 199.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

**B Federal/State Differences**

California law has not always conformed to federal law regarding depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

- **Before January 1, 1987.** California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS). California depreciation is calculated in the same manner as in prior years for those assets.
- **On or after January 1, 1987.** California provides special credits and accelerated write-offs that affect the California basis for qualifying assets. California does not conform to all the changes to federal law enacted in 1993. Therefore, the California basis or recovery periods may be different for some assets.
- **On or after September 11, 2001.** California has not conformed to the federal Job Creation and Worker Assistance Act of 2002 which allows taxpayers to take an additional first year depreciation deduction and Alternative Minimum Tax depreciation adjustment for property placed in service after September 10, 2001.
- **Amortization of Certain Intangibles.** California conforms to IRC Section 197 relating to the amortization of intangibles as of January 1, 1994. There is no separate California election required or allowed. However, for IRC Section 197 property acquired before January 1, 1994, the California adjusted basis as of January 1, 1994, must be amortized over the remaining federal amortization period.
- **American Recovery and Reinvestment Act of 2009.** California does not conform to the additional 50% first year special depreciation for qualified property acquired and placed in service on or after December 31, 2007.

- **Election to Expense Certain Tangible Property. (IRC 179)** This election does not apply to estates and trusts.

Differences may also occur for other less common reasons. This list is not intended to be all-inclusive of the federal and state differences. For more information about adjustments, get FTB Pub. 1001, or refer to the R&TC.

**Specific Line Instructions**

**Line 1** – Complete columns (a) through (i) for each asset or group of assets placed in service during the 2014 taxable year. Enter the column (f) totals on line 1(f). Enter the column (i) totals on line 1(i).

Attach a schedule if you need additional space.

**Line 2** – Enter total California depreciation for assets placed in service beginning before the 2014 taxable year, taking into account differences in asset basis or differences in California and federal tax law.

**Line 4** – Enter total California amortization for intangibles placed in service beginning before the 2014 taxable year, taking into account any differences in asset basis or differences in California and federal tax law.

**Line 6** – Add line 3 and line 5. Enter the total here and attach to Form 541.

If engaged in trade or business: Using California amounts, complete and attach federal Schedule C (Form 1040), Profit or Loss from Business, federal Schedule C-EZ (Form 1040), Net Profit from Business, federal Schedule E (Form 1040), Supplemental Income and Loss, and/or federal Schedule F (Form 1040), Profit or Loss From Farming. Follow federal instructions for "Depreciation, Depletion, and Amortization" regarding dividing the deductions between the fiduciary and the beneficiaries. Form 109 filers: Enter the total on Form 109, Part II, line 21a. Form 199 filers: Enter the total on Form 199, Part II, line 16.

**Line 3, Part I (CA 199) - Contributor Detail Schedule**

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	Vista Unified School District	1234 Arcadia Ave	Vista	CA	92083				6,629,285
2	San Diego Workforce Partnership	3910 University Ave, Suite 100	San Diego	CA	92105				548,257
3	San Diego Youth Services	3255 Wing Street	San Diego	CA	92110				379,403
4	United Way of San Diego	4699 Murphy Canyon Rd.	San Diego	CA	92123				185,042
5	LISC	4305 University Ave, Suite 420	San Diego	CA	92105				15,908
6	Carlsbad Unified School District	6225 El Camino Real	Carlsbad	CA	92008				131,898
7	County of San Diego	9444 Balboa Ave, Suite 500	San Diego	CA	92123				224,350
8	City of Vista	200 Civic Center Drive	Vista	CA	92084				3,861,955
9	Community Housing Works	1820 S. Escondido Blvd., Suite 101	Escondido	CA	92025				331,930
10	City of Oceanside	300 N. Coast Highway	Oceanside	CA	92054				12,349
11	BSCC	600 Bearcut Drive	Sacramento	CA	95811				159,368
12	City of San Marcos	1 Civic Center Drive	San Marcos	CA	92069				166,321
13	City of Escondido	201 N. Broadway	Escondido	CA	92025				21,800
14	Fallbrook Unified School District	321 N. Iowa	Fallbrook	CA	92028				30,545
15	Bonsall Unified School District	31505 Old River Rd	Bonsall	CA	92003				153,100
16	Leichtag	5600 Armada Dr. Suite 100	Carlsbad	CA	92008				48,062
17	Tri-City Healthcare District	4002 Vista Way	Oceanside	CA	92056				86,000
18	Mira Costa College	1 Bernard Dr.	Oceanside	CA	92056				19,000
19	Cardiff School District	1888 Montgomery Ave	Cardiff by the Sea	CA	92007				12,980
20	Alliance Healthcare Foundation	5080 Shoreham Drive, Suite 350	San Diego	CA	92122				18,538
21	Wells Fargo Foundation	90 South 7th Street	Minneapolis	MIN	55479				50,000
22	San Diegans for Healthcare Coverage	2251 San Diego Avenue, Suite A-270	San Diego	CA	92110				25,000
23	Datron World Communications	3055 Enterprise Court	Vista	CA	92081				22,067
24	Samuel & Katherine French Fund	One West Fourth Street, 2nd Floor	Winston-Salem	NC	27101				10,000
25	Rudy & Elizabeth Van Humnick	4940 Lassen Drive	Oceanside	CA	92056				5,000
26	The Ameritino Foundation	1214 Countrywood Lane	Vista	CA	92081				5,250
27	The Women's Foundation of California	300 Frank H. Ogawa Plaza, Suite 420	Oakland	CA	94612				5,000
28	United Methodist Church of Vista	490 S. Melrose Drive	Vista	CA	92081				30,000
29	City of Encinitas	505 S. Vulcan Avenue	Encinitas	CA	92024				40,000
30	The San Diego Foundation	2508 Historic Decatur Road, 200	San Diego	CA	92106				11,140
31	Encinitas Rotary Club Foundation	5946 Priestly Drive, Suite 200	Carlsbad	CA	92008				10,000
32									9,422

**Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees**

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	Paul Cevolani					President	1	128,015
2	Mary Urelus					Vice-President	1	
3	Paul Garza					Secretary	1	
4	Mary Donovan					Treasurer	1	
5	Jim Hagar					Immediate Past Preside	1	
6	Patrick Daly					Director	1	
7	Samuel Brown					Director	1	
8	Travis Brown					Director	1	
9	Richard Domalgalski					Director	1	
10	Betty Graff					Director	1	
11	John Moffat					Director	1	
12	Rusty Williams					Director	1	
13	Reginald Owens					Director	1	
14	Andrew Johnson					Director	1	
15	Max Villalobos					Director	1	
16	Donald Stump					Executive Director	40	128,015

**Line 17, Part II (CA 199) - Other Deductions**

1	Pension plans, employee benefits . . . . .	1	598,486
2	Legal fees . . . . .	2	713
3	Accounting fees . . . . .	3	25,248
4	Other professional fees . . . . .	4	747,711
5	Travel, conferences, and meetings . . . . .	5	95,467
6	Printing and publications . . . . .	6	0
7	Special events direct expenses . . . . .	7	0
8	Office expenses . . . . .	8	131,371
9	Other expenses . . . . .	9	268,024
10		10	
11		11	
12	<b>Total</b> . . . . .	12	<b>1,867,020</b>

**Line 12, Sch L (CA 199) - Other Assets**

		Beginning	End
1	Prepaid Expenses	186,253	234,575
2			
3			
4			
5			
6			
7			
8			
9			
10	<b>Total</b> . . . . .	<b>186,253</b>	<b>234,575</b>

**Line 18, Sch L (CA 199) - Other Liabilities**

		Beginning of Year	End of Year
1	Deferred Revenue	17,244	1,011
2			
3			
4			
5			
6			
7			
8			
9			
10	<b>Total</b> . . . . .	<b>17,244</b>	<b>1,011</b>



North County Lifeline, Inc.  
Federal Employer I.D. No 95-2794253  
RRF-1 Part B

Line 6 - Government Funding

Organization Name & Address	Contact Person	Phone Number
County of San Diego Health & Human Services Agency Community Action Partnership 1255 Imperial Avenue, 7th Floor San Diego, CA 92101	Tamara Burns	619-492-2329
City of Vista 200 Civic Center Drive Vista, CA 92084	Kathy Valdez	760-643-2892
City of Oceanside Housing & Neighborhood Services Oceanside, CA 92054	Maria Yanez	760-435-3393
City of Carlsbad 1200 Carlsbad Village Drive Carlsbad, CA 92008	Frank Boensch	760-434-2818
County of San Diego Child Welfare Services 4990 Viewridge Ave. San Diego, CA 92123	Sharon Ippolito	858-616-5892
County of San Diego Housing and Community Development 3989 Ruffin Road San Diego, CA 92123-1890	Bonnie Petrach	858-694-8709
County of San Diego Children's Mental Health Administration 3255 Camino del Rio South San Diego, CA 92108	Katie Astor	619-584-5004
City of Encinitas 505 S. Vulcan Avenue Encinitas, CA 92024	David Harris	760-633-2724
City of San Marcos 1 Civic Center Drive San Marcos, CA 92069	Karl Schwarm	760-744-1050
Community Housing Works 1820 South Escondido Boulevard Suite 101 Escondido, CA 92025	Olivia Miranda	760-432-6878 x5458
City of Escondido 201 N. Broadway Escondido, CA 92025	Michelle Geller	760-839-4517
San Diego Youth Services 3255 Wing Street, Suite 550 San Diego, CA 92110	Angie Tran	619-221-8600 x. 1232
San Diego Workforce Partnership 3910 University Avenue, Suite 400 San Diego, CA 92105	Tanisha Harrel	619-228-2936

Line 9 - Audited Financial Statements

North County Lifeline, Inc.'s financial statements were audited by an independent CPA firm.

**Return Name:** NORTH COUNTY LIFELINE

**SSN:** 952794253      **Refund:** 0  
**DCN:** 3306912016040ow63aim      **Status Date:** 2/9/2016  
**Status:** Accepted  
**Jurisdiction:** Federal  
**Type:** 990  
**Sub Type:** Federal  
**Service Center:** Unknown

**Current Acknowledgement Detail**

**Acceptance Code:** Accepted      **Ack Status Date:** 2/9/2016  
**Debt Code:**      **Expected Refund::** 0  
**PIN Indicator:**      **EIC Indicator:**      **State-Only Code:**      **State Packet:**  
**Payment Ac:** ---  
**Birth Date Validity:** ---  
**Number of Errors:** 0  
**Error Rejected Codes:**

**Return Name:** NORTH COUNTY LIFELINE

**SSN:** 952794253      **Refund:** 0  
**DCN:** 3306912016040owg3s71      **Status Date:** 2/9/2016  
**Status:** Accepted  
**Jurisdiction:** CA  
**Type:** CA 199  
**Sub Type:** Return  
**Service Center:** Unknown

**Current Acknowledgement Detail**

**Acceptance Code:** Accepted      **Ack Status Date:** 2/10/2016  
**Debt Code:**      **Expected Refund::** 0  
**PIN Indicator:** ---      **EIC Indicator:**      **State-Only Code:**      **State Packet:**  
**Payment Ac:** Y  
**Birth Date Validity:** ---  
**Number of Errors:** 0  
**Error Rejected Codes:**