Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For t	the 2022 calendar year, or tax year beginning , 2022, and ending		,		
В	Check	if applicable: C	Employer	Employer identification number		
	Addre	ss change				
	Name	change Foundation for Care Integration	47-3697952			
	Initial	return San Marcos, CA 92078	E Telephone number			
L	ł	Lurn/ terminated	7607984508			
L	1			Group Exemption		
느		ation pending	Number			
G	Web	bunting Method: X Cash Accrual Other (specify): Site: N/A H Check required	יחידון [גַּגַן Acette of t	e organization is not i Schedule B		
j		xempt status (check only one) — $X = 501(c)(3)$ $501(c)(4)$ (insert no.) $4947(a)(1)$ or 527 (Form 9		Tochedule D		
<u></u>		of organization: Corporation Trust Association Other:				
		lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal			
L	asse	ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	84,609.		
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uctions			
<u> </u>	2011	Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received	1	84,609.		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5с			
	6	Gaming and fundraising events:				
ĕ		Gross income from gaming (attach Schedule G if greater than \$15,000)				
ē	b	Gross income from fundraising events (not including \$ of contributions				
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
	c	Less: direct expenses from gaming and fundraising events 6c				
	a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances				
	ı	Less; cost of goods sold				
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7с			
	8	Other revenue (describe in Schedule O)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		84,609.		
	10	Grants and similar amounts paid (list in Schedule O)	}			
	11	Benefits paid to or for members				
ses	12	Salaries, other compensation, and employee benefits				
Net Assets Expens	13	Professional fees and other payments to independent contractors				
	14	Occupancy, rent, utilities, and maintenance.				
	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) See Schedule 0	15	FF F0.4		
	16 17			55,504. 55,504.		
	18	Total expenses. Add lines 10 through 16	18	29,105.		
			120000000	<u> </u>		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y figure reported on prior year's return)	ear 19	0.		
	20	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		29,105.		
BA		r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2022)		

Form	990-EZ (2022) Foundation for (Care Integration		47	-369	97952 Page 2
Par	t II Balance Sheets (see the inst	ructions for Part II)	- C - 1 - U - D - 4 - U			
	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			(A) Deginning of ye	22	29,105.
23	Land and buildings				23	23,103.
24	Other assets (describe in Schedule O)				24	
25	Total assets			0	-	29,105.
26	Total liabilities (describe in Schedule O)			0		23,103.
27	Net assets or fund balances (line 27 of		1	0	-	29,105.
Par					1	Expenses
Гаі	Check if the organization used Sci	hedule O to respond to any o	uestion in this Part	III X	/Reg	uired for section 501
What	s the organization's primary exempt purpose? See	Schedule O				and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of its manner, describe the service arch program title	its three largest pro ces provided, the ກເ	gram services, as imber of persons		nizations; optional thers.)
28	To facilitate services an	d enhance access t	o care for v	ulnerable		
	populations by raising fu	nds to support und	der-resourced	or	1	
	underfunded services	man co pappore ama			1	
	(Grants \$) If the	is amount includes foreign gi	rants, check here		28a	
29	T					
					1	
					1	
	(Grants \$) If the	is amount includes foreign gi	rants, check here		29a	
30						
					1	
					1	
	(Grants \$) If the	is amount includes foreign gi	rants, check here	:	30a	
31	Other program services (describe in Sch				†	
	(Grants \$) If thi	is amount includes foreign g	rants, check here		31a	
32	Total program service expenses (add lir				32	
Par	t IV List of Officers, Directors,	Trustees, and Kev Emp	lovees (list each one	even if not compensated —	see the i	instructions for Part IV)
	Check if the organization used Scl					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS 1099-NEC) (if not paid, enter -0-)	tion (d) Health benefi contributions to emp benefit plans, and de compensation	ts, loyee ferred	(e) Estimated amount of other compensation
Tar	a Izzo		(ii not paid, enter -o-)			
	sident	0		0.	0.	0.
	c Manese					
	ber at Large	0		0.	0.	0.
	n Izzo					
Vic	e President	0		0.	0.	0.
	ve Kidwell					
	ector	0		0.	0.	0.
Jea	ni Groesbeck					
	ector	0		0.	0.	0.
-						
BAA		TEEA0812L 0	9/28/22			Form 990-EZ (2022)

Form	990-EZ (2022) Foundation for Care Integration	47-36979	52	P	age 3	
Par	tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V.) Check if the organization used Schedule O to respond to an		See S		<u>. Ц</u>	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		33	Yes	No X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	amended documents if they reflec	t		••	
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		34		X	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				X	
ŀ	olf "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an		35a 35b			
	Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, eporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III					
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	1 1	36		Х	
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37 a 0	∃ 37b		X	
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ		0, 2		73	
	any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?	38a		X	
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38 b 0				
39	Section 501(c)(7) organizations. Enter:		_			
	Initiation fees and capital contributions included on line 9	39 a 0				
	Gross receipts, included on line 9, for public use of club facilities	39b 0	<u>.</u>			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the		- 10			
1.	section 4911: 0 ; section 4912: 0 ; section 495					
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri	or year that has not been		140-13-0000000	De L'ANGERS	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		_X_	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	0				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization.	sed				
e	All organizations. At any time during the tax year, was the organization a party to a prohibite		1			
	shelter transaction? If "Yes," complete Form 8886-T		40e		<u>X</u>	
41	List the states with which a copy of this return is filed: None					
422	The organization's					
7 <u>4</u> 4	books are in care of: Tara Pardo		<u>798-4</u>	508		
	Located at: 338 Via Vera Cruz Ste 230 San Marcos CA	ZIP + 4 <u>9207</u>	8 - – – r	Yes	No	
b	At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f	r authority over a inancial account)?	42b	162	X	
	If "Yes," enter the name of the foreign country:					
	1 100, Office the familie of the following from the familie of th					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		40-		Χ	
С	At any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country:	ted States f	42c			
	Tes, enter the manie of the foreign country.					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form $1041-C$. 🔲	N/A	
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			N/A	
	Did it is a second of the seco	assurated instand		Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ		44a		Χ	
b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed					
^	instead of Form 990-EZ					
	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?					
	If "No," provide an explanation in Schedule O		44d			
	ration to the control of the control			: 1	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a			
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		45a 45b		X	

Form 990-	EZ (2022) Fo	undation for Care	Integration		47-36		Page 4
46 Did t	he organization idates for publ	n engage, directly or indire	ctly, in political campa e Schedule C, Part I…	gn activities on behalf o	of or in opposition to		Yes No
Part VI	Section 50 All section for lines 5	01(c)(3) Organizations n 501(c)(3) organizatio 0 and 51.	s Only ons must answer q	uestions 47-49b an	d 52, and complete	e the tables	1
	Check if the	ne organization used S	Schedule O to resp	oond to any questio	n in this Part VI…		
		engage in lobbying activities C, Part II					Yes No X
	-	a school as described in se n make any transfers to an				49a	X
50 Com	olete this table f	lated organization a section for the organization's five high h received more than \$100,00	nest compensated emplo	yees (other than officers,	directors, trustees, and		
	(a) Name and title	e of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other compe	
None_							
51 Com	olete this table f	ner employees paid over \$1 or the organization's five higl the organization. If there i	nest compensated independent	endent contractors who ea	ach received more than \$	\$100,000 of	
		ness address of each independent co		(b) Type	of service	(c) Comper	nsation
None							
52 Did t	he organizatior	ner independent contractors n complete Schedule A? N e e A	ote: All section 501(c)(3) organizations must a	ttach a	X Yes	No
Under penaltie true, correct, a	es of perjury, I decla and complete. Decla T	are that I have examined this return, aration of preparer (other than office	including accompanying scheor) is based on all information of	dules and statements, and to the fwhich preparer has any know	e best of my knowledge and be ledge.	ellef, it is	
Sign	Signature of office				Date		
Here	Tara Izzo Type or print nam				President		
•	Print/Type prepar	er's name	Preparer's signature	Date	Check I if	PTIN	
Paid	Carey La		Carey Lampel		self-employed]	P00368082	
Preparer Use Only	Firm's name EBS Consulting, Inc. 18029 Calle Ambiente Suite 519			Firm's EIN			
May the ID	C discuss this	Rancho Sante Fe return with the preparer sh		ıctions		X Yes	<u>∠4∠</u> □No
BAA	UISCUSS (IIIS	recuit with the preparer st	IOMII ADOVE: SEE IIISU	2000113		Form 990 -	