

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** 7/01, **2022, and ending** 6/30, **20** 2023

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:                    | <b>C</b>   | <b>D</b> Employer identification number   |   |
| <input type="checkbox"/> Address change          | North Marin Community Services<br>680 Wilson Avenue<br>Novato, CA 94947  | 94-1735064  |   |
| <input type="checkbox"/> Name change             |  | <b>E</b> Telephone number   | (415) 892-1643  |
| <input type="checkbox"/> Initial return          |  | <b>G</b> Gross receipts \$  | 6,257,238.  |
| <input type="checkbox"/> Final return/terminated |  | <b>H(a)</b> Is this a group return for subordinates?                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Amended return          |  | <b>H(b)</b> Are all subordinates included?<br>If "No," attach a list. See instructions. | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <input type="checkbox"/> Application pending     | <b>F</b> Name and address of principal officer: Cheryl Paddack<br>Same As C Above  | <b>H(c)</b> Group exemption number  |   |
| <b>I</b> Tax-exempt status:                      | <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   |   |
| <b>J</b> Website:                                | www.northmarincs.org   |   |   |
| <b>K</b> Form of organization:                   | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                 | <b>L</b> Year of formation: 1966  | <b>M</b> State of legal domicile: CA                                |

**Part I Summary**

|                                    |   |  |                                  |                     |
|------------------------------------|---|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b> | <b>1</b>  | Briefly describe the organization's mission or most significant activities: <u>Our mission is to empower youth, adults and families in our diverse community to achieve well-being, growth and success, and we envision a strong community with opportunities for all.</u> |                                  |                     |
|                                    | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|                                    | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>                         | 17                  |
|                                    | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>                         | 17                  |
|                                    | <b>5</b>  | Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....   | <b>5</b>                         | 80                  |
|                                    | <b>6</b>  | Total number of volunteers (estimate if necessary) .....   | <b>6</b>                         | 512                 |
|                                    | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b>                        | 0.                  |
|                                    | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... | <b>7b</b>  | 0.                               |                     |
| <b>Revenue</b>                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h) .....  | <b>Prior Year</b>                | <b>Current Year</b> |
|                                    | <b>9</b>  | Program service revenue (Part VIII, line 2g) .....   | 6,046,736.                       | 5,261,271.          |
|                                    | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 739,786.                         | 762,291.            |
|                                    | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | 132,915.                         | 20,450.             |
|                                    | <b>12</b>   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | 112,301.                         | 195,799.            |
| <b>Expenses</b>                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | 7,031,738.                       | 6,239,811.          |
|                                    | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4) .....  |                                  |                     |
|                                    | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 3,971,549.                       | 4,578,045.          |
|                                    | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e) .....  |                                  |                     |
|                                    | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) .....  | 434,185.                         |                     |
|                                    | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....   | 2,160,333.                       | 2,014,553.          |
|                                    | <b>18</b>   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....  | 6,131,882.                       | 6,592,598.          |
| <b>Net Assets or Fund Balances</b> | <b>19</b>   | Revenue less expenses. Subtract line 18 from line 12 .....   | 899,856.                         | -352,787.           |
|                                    | <b>20</b>   | Total assets (Part X, line 16) .....   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                                    | <b>21</b>   | Total liabilities (Part X, line 26) .....  | 8,065,610.                       | 8,100,751.          |
|                                    | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20 .....   | 479,094.                         | 475,105.            |
|                                    |   |  | 7,586,516.                       | 7,625,646.          |

**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.

|                               |   |                      |           |
|-------------------------------|---|----------------------|-----------|
| <b>Sign Here</b>              | Signature of officer                                  | Date                 | 10/17/23  |
|                               | Type or print name and title                          | Cheryl Paddack CEO   |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                            | Preparer's signature | Date      |
|                               | Rolland Vasin   | Rolland Vasin        |           |
|                               | Firm's name   | Firm's EIN           | PTIN      |
|                               | Vasin, Heyn & Company                                 | 95-4401626           | P00644882 |
|                               | Firm's address  | Phone no.            |           |
|                               | 5000 N. Parkway Calabasas #201<br>Calabasas, CA 91302 | (818) 222-3500       |           |

May the IRS discuss this return with the preparer shown above? See instructions  **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 [X]

1 Briefly describe the organization's mission:

Our mission is to empower youth, adults and families in our diverse community to achieve well-being, growth and success, and we envision a strong community with opportunities for all. See Schedule O for further details.

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 \$ 1,897,513. including grants of \$ ) (Revenue \$ )

Case Management 3,790 Participants

Our team of eight experienced bilingual and bicultural case managers support families through crisis with a goal to achieve well-being and self-sufficiency. Services may be short-term or long-term based on the participants' needs and circumstance. Last year, Community Support Services addressed basic needs for 3,467 individuals (1,340 households) through case management and food pantry services. Impact highlights included: 507 people received emergency rental assistance support; 1,760 people accessed healthy food through our weekly food pantry (in partnership with SF-Marin Food Bank) and CalFresh enrollment; and 323 children (316 families) received well-being through the Holiday Share and Toy Drive. See Schedule O for further details.

4b (Code: ) (Expenses \$ 1,463,309. including grants of \$ ) (Revenue \$ 671,451.)

Child Development 201 participants

Our team of 26 staff in the Child Development Program support the growth of children ages 2-14 years. Programs include a no-cost developmental playgroup for children 2-5 years old and their parents/guardians; early care and education that strengthens the social-emotional, linguistic, cognitive, and physical development of children 2-5 years old; and after-school and summer enrichment program for TK-8th graders that fosters resiliency and social-emotional wellness. Last year, we provided 29,512 nutritious meals to our students; 90% of NMCS parents agree that their child is more successful in school of NMCS' academic support. 60% of Child Development families received financial support; 91% of parents/caregivers reported their child's enrollment made it easier for them to keep their jobs.

4c (Code: ) (Expenses \$ 1,232,804. including grants of \$ ) (Revenue \$ 23,853.)

Mental Health and Wellness 2,441 Participants

Our mental health professionals ensure people of all ages in our community have access to timely, affordable care. Last year, we provided no-cost school-based mental health screening and support to 614 students and their family members at five Novato Unified School District schools. 209 teens and transitional age youth ages 12-25 received no-cost, confidential reproductive and behavioral health services at the Novato Teen Clinic (NTC), a partnership between NMCS and Marin Community Clinics. Additionally, we offered sliding scale and low/no cost mental health support to people in our community and provided mental health clinical training and supervision to therapists obtaining licensure.

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses \$ 534,778. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,128,404.

**Part IV Checklist of Required Schedules**

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

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

|     |  | Yes | No |
|-----|--|-----|----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 a "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?  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a | <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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>   |     | X  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on Schedule O for Part VI, lines 11b and 19?<br><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.

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



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

|            |   | Yes        | No |
|------------|---|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .  |            |    |
|            | <b>2a</b> 80  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .  | X          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .   |            | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. . . . .  |            |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .    |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .   |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .  |            | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                       |            | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   |            | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |            | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year. . . . .  | <b>7d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .   | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <b>7g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>  |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  | <b>9a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12. . . . .   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Gross income from members or shareholders. . . . .  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .   | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .  | <b>13a</b> |    |
|            | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |            |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .  | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .  | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.  | <b>16</b>  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | <b>17</b>  |    |

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

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

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> 17  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent. . . . .   |     |    |
|           | <b>1b</b> 17  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body? . . . . .   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .   | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .   |     | X  |

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 Vanshika Nachnani 680 Wilson Avenue Novato CA 94947 (415) 892-1643

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) Cheryl Paddack<br>CEO                        | 40<br>0  |   |                       | X       |              |                              |        | 200,592.  | 0.   | 10,818.   |
| (2) Vanshika Nachnani<br>CFO                     | 40<br>0  |   |                       | X       |              |                              |        | 178,958.  | 0.   | 10,394.   |
| (3) Alaina F. Cantor<br>Dir. of Wellness Prog    | 40<br>0  |   |                       |         |              | X                            |        | 118,658.  | 0.   | 3,184.  |
| (4) Paul Russel<br>Dir. of Operations            | 40<br>0  |   |                       |         |              | X                            |        | 108,372.  | 0.   | 2,896.  |
| (5) Maria Jaramillo-Botero<br>Dir. Latine Progs. | 40<br>0  |   |                       |         |              | X                            |        | 103,630.  | 0.   | 6,732.  |
| (6) Rick van Adelsberg<br>President              | 2<br>0   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) Jim Correa<br>Vice President                 | 2<br>0   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (8) Uday Wagle<br>Treasurer                      | 2<br>0   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (9) Kate Shilvock<br>Secretary                   | 2<br>0   | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (10) Nikki Collins<br>Director                   | 2<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) Karen Dillon Gifford<br>Director            | 2<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) Jim Duckworth<br>Director                   | 2<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) Gina Fromer<br>Director                     | 2<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) Cathy Janigian<br>Director                  | 2<br>0   | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---|--|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |   |  |   |
| (15) Cris Jones<br>Director               | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (16) Alberto Lopez<br>Director            | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (17) Rafelina Maglio<br>Director          | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (18) Aileen McGoldrick<br>Director        | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (19) Alejandro Menacho Molina<br>Director | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (20) Isaac Munene<br>Director             | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (21) Karen Poksay<br>Director             | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (22) Karen Robertson Strain<br>Director   | 2<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (23)                                      |  |   |                       |         |              |                              |   |  |   |
| (24)                                      |  |   |                       |         |              |                              |   |  |   |
| (25)                                      |  |   |                       |         |              |                              |   |  |   |

|  |          |    |         |
|--|----------|----|---------|
| <b>1b Subtotal</b> .....   | 710,210. | 0. | 34,024. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.       | 0. | 0.      |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 710,210. | 0. | 34,024. |

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 **5**

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

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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>           | <b>1a</b> Federated campaigns .....   | <b>1a</b>  |                      |  |   |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>  |                      |  |   |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>  |                      |  |   |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>  |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  | 2,085,425.           |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 3,175,846.           |  |   |  |  |
|  | <b>g</b> Noncash contributions included in<br>lines 1a-1f .....   | <b>1g</b>  | 633,089.             |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |  | 5,261,271.           |  |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>Business Code</b>   |                      |  |   |  |  |
| <b>2a</b> <u>Program Family Fees</u> .....                                   |   | 624410   | 671,451.             | 671,451.   |   |  |  |
| <b>b</b> <u>Program Service Fees</u> .....                                   |   | 900099   | 90,840.              | 90,840.  |   |  |  |
| <b>c</b> .....   |   |  |                      |  |   |  |  |
| <b>d</b> .....   |   |  |                      |  |   |  |  |
| <b>e</b> .....   |   |  |                      |  |   |  |  |
| <b>f</b> All other program service revenue .....                             |   |  |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....  |   | 762,291.   |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 20,450.              | -18,897.   |   | 39,347.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                      |  |   |  |  |
|  | <b>5</b> Royalties .....  |  |                      |  |   |  |  |
|  | <b>6a</b> Gross rents .....   | <b>6a</b>  | (i) Real             |  |   |  |  |
|  |   |  | (ii) Personal        |  |   |  |  |
|  |   | <b>b</b> Less: rental expenses .....                           | <b>6b</b>            |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss) .....                         | <b>6c</b>            |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |  |                      |  |   |  |  |
|  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory .....  | <b>7a</b>  | (i) Securities       |  |   |  |  |
|  |   |  | (ii) Other           |  |   |  |  |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... | <b>7b</b>            |  |   |  |  |
|  |   | <b>c</b> Gain or (loss) .....                                  | <b>7c</b>            |  |   |  |  |
|  | <b>d</b> Net gain or (loss) .....   |  |                      |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>8a</b>  |                      | 176,028.   |   |  |  |
| <b>b</b> Less: direct expenses .....   |   |  | <b>8b</b>            | 17,427.  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                  |   |  | 158,601.             |  |   |  |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 ..... | <b>9a</b>   |  |                      |  |   |  |  |
|  |   | <b>b</b> Less: direct expenses .....                           | <b>9b</b>            |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....  |  |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances .....    | <b>10a</b>  |  |                      |  |   |  |  |
|  |   | <b>b</b> Less: cost of goods sold .....                        | <b>10b</b>           |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....   |  |                      |  |   |  |  |
| <b>Miscellaneous<br/>Revenue</b>   | <b>Business Code</b>  |  |                      |  |   |  |  |
|  | <b>11a</b> <u>Rental and other income</u> .....   | 900099   | 37,198.              | 37,198.  |   |  |  |
|  | <b>b</b> .....  |  |                      |  |   |  |  |
|  | <b>c</b> .....  |  |                      |  |   |  |  |
|  | <b>d</b> All other revenue .....  |  |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....                                      |   |  | 37,198.              |  |   |  |  |
| <b>12 Total revenue.</b> See instructions .....                              |   |  | 6,239,811.           | 780,592.   | 0.                                      | 39,347.  |  |

**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.

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.....   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members.....   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.....  | 428,881.                     | 0.                                     | 428,881.                                      | 0.                                 |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....  | 0.                           | 0.                                     | 0.  | 0.                                 |
| <b>7</b> Other salaries and wages.....  | 3,562,280.                   | 2,913,458.                             | 322,853.                                      | 325,969.                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....  | 39,207.                      | 27,418.                                | 7,592.  | 4,197.                             |
| <b>9</b> Other employee benefits.....   | 261,686.                     | 211,401.                               | 35,798.                                       | 14,487.                            |
| <b>10</b> Payroll taxes.....  | 285,991.                     | 215,142.                               | 49,578.                                       | 21,271.                            |
| <b>11</b> Fees for services (nonemployees):   |                              |  |   |                                    |
| <b>a</b> Management.....  |                              |  |   |                                    |
| <b>b</b> Legal.....   |                              |  |   |                                    |
| <b>c</b> Accounting.....  | 12,000.                      |  | 12,000.                                       |                                    |
| <b>d</b> Lobbying.....  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17...   |                              |  |   |                                    |
| <b>f</b> Investment management fees.....  |                              |  |   |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)....  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion.....  | 2,404.                       | 388.                                   |   | 2,016.                             |
| <b>13</b> Office expenses.....  |                              |  |   |                                    |
| <b>14</b> Information technology.....   |                              |  |   |                                    |
| <b>15</b> Royalties.....  |                              |  |   |                                    |
| <b>16</b> Occupancy.....  | 73,230.                      | 61,777.                                | 9,041.  | 2,412.                             |
| <b>17</b> Travel.....   | 33,141.                      | 32,176.                                | 909.  | 56.                                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.....   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings....  |                              |  |   |                                    |
| <b>20</b> Interest.....   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates.....   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization ...   | 79,030.                      | 64,805.                                | 9,483.  | 4,742.                             |
| <b>23</b> Insurance.....  | 123,040.                     | 100,893.                               | 14,765.                                       | 7,382.                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....                                    |                              |  |   |                                    |
| <b>a</b> <u>In-kind, food supplies</u> .....  | 633,089.                     | 633,089.                               |   |                                    |
| <b>b</b> <u>Direct Client Assistance</u> .....  | 296,269.                     | 296,269.                               |   |                                    |
| <b>c</b> <u>Professional Fees</u> .....   | 163,837.                     | 118,744.                               | 38,468.                                       | 6,625.                             |
| <b>d</b> <u>Computer &amp; Tech Support</u> .....   | 133,696.                     | 105,044.                               | 19,682.                                       | 8,970.                             |
| <b>e</b> All other expenses.....  | 464,817.                     | 347,800.                               | 80,959.                                       | 36,058.                            |
| <b>25</b> Total functional expenses. Add lines 1 through 24e. ...   | 6,592,598.                   | 5,128,404.                             | 1,030,009.                                    | 434,185.                           |
| <b>26</b> 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)<br>Beginning of year |            | (B)<br>End of year  |
|--|---|--------------------------|------------|---------------------|
| <b>Assets</b>  | <b>1</b> Cash – non-interest-bearing.....   | 999,241.                 | <b>1</b>   | 458,326.            |
|  | <b>2</b> Savings and temporary cash investments.....  | 2,011,634.               | <b>2</b>   | 2,034,253.          |
|  | <b>3</b> Pledges and grants receivable, net.....  | 318,481.                 | <b>3</b>   | 216,746.            |
|  | <b>4</b> Accounts receivable, net.....  | 31,183.                  | <b>4</b>   | 44,470.             |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... |                          | <b>5</b>   |                     |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....   |                          | <b>6</b>   |                     |
|  | <b>7</b> Notes and loans receivable, net.....   |                          | <b>7</b>   |                     |
|  | <b>8</b> Inventories for sale or use.....   |                          | <b>8</b>   |                     |
|  | <b>9</b> Prepaid expenses and deferred charges.....   | 34,260.                  | <b>9</b>   | 66,050.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....   | <b>10a</b> 4,649,492.    |            |                     |
|  | <b>b</b> Less: accumulated depreciation.....  | <b>10b</b> 3,809,371.    | 639,550.   | <b>10c</b> 840,121. |
|  | <b>11</b> Investments – publicly traded securities.....   | 2,453,725.               | <b>11</b>  | 2,910,452.          |
|  | <b>12</b> Investments – other securities. See Part IV, line 11.....   |                          | <b>12</b>  |                     |
|  | <b>13</b> Investments – program-related. See Part IV, line 11.....  |                          | <b>13</b>  |                     |
|  | <b>14</b> Intangible assets.....  |                          | <b>14</b>  |                     |
|  | <b>15</b> Other assets. See Part IV, line 11.....   | 1,577,536.               | <b>15</b>  | 1,530,333.          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)..... | 8,065,610.  | <b>16</b>                | 8,100,751. |                     |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses.....  | 374,003.                 | <b>17</b>  | 382,856.            |
|  | <b>18</b> Grants payable.....   |                          | <b>18</b>  |                     |
|  | <b>19</b> Deferred revenue.....   |                          | <b>19</b>  |                     |
|  | <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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....     |                          | <b>22</b>  |                     |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties.....   |                          | <b>23</b>  |                     |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties.....   |                          | <b>24</b>  |                     |
|  | <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.....  | 105,091.                 | <b>25</b>  | 92,249.             |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25.....   | 479,094.                 | <b>26</b>  | 475,105.            |
| <b>Net Assets or Fund Balances</b>                                       | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>  |                          |            |                     |
|  | <b>27</b> Net assets without donor restrictions.....  | 5,381,735.               | <b>27</b>  | 5,796,018.          |
|  | <b>28</b> Net assets with donor restrictions.....   | 2,204,781.               | <b>28</b>  | 1,829,628.          |
|  | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>   |                          |            |                     |
|  | <b>29</b> Capital stock or trust principal, or current funds.....   |                          | <b>29</b>  |                     |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund.....   |                          | <b>30</b>  |                     |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds.....   |                          | <b>31</b>  |                     |
|  | <b>32</b> Total net assets or fund balances.....  | 7,586,516.               | <b>32</b>  | 7,625,646.          |
| <b>33</b> Total liabilities and net assets/fund balances.....            | 8,065,610.  | <b>33</b>                | 8,100,751. |                     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,239,811. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,592,598. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -352,787.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 7,586,516. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 391,917.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 7,625,646. |

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

|   |   |
|---|---|
| <b>Name of the organization</b><br>North Marin Community Services | <b>Employer identification number</b><br>94-1735064 |
|---|---|

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 2,789,050. | 4,475,181. | 5,631,020. | 5,488,446. | 4,619,820. | 23,003,517. |
| <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 . . . . .   |            |            |            |            |            | 0.          |
| <b>4 Total.</b> Add lines 1 through 3. . . . .   | 2,789,050. | 4,475,181. | 5,631,020. | 5,488,446. | 4,619,820. | 23,003,517. |
| <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) . . . . . |            |            |            |            |            | 0.          |
| <b>6 Public support.</b> Subtract line 5 from line 4. . . . .  |            |            |            |            |            | 23,003,517. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4. . . . .   | 2,789,050. | 4,475,181. | 5,631,020. | 5,488,446. | 4,619,820. | 23,003,517.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .   | 71,161.    | 71,389.    | 159,026.   | 102,111.   | 39,347.    | 443,034.                 |
| <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.) See Part VI. . . . .  |            |            |            | 6,984.     | 37,198.    | 44,182.                  |
| <b>11 Total support.</b> Add lines 7 through 10. . . . .  |            |            |            |            |            | 23,490,733.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions). . . . .  |            |            |            |            | <b>12</b>  | 1,502,077.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |            |            |            |            |            | <input type="checkbox"/> |

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

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)). . . . . | <b>14</b> | 97.93 % |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14. . . . .                        | <b>15</b> | 97.63 % |

**16a 33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . .

**b 33-1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. . . . .

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . .

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <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. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5.   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b.  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17.                         | <b>18</b> | % |

**19a 33-1/3% support tests—2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> 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? <i>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.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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)? <i>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).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

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

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |           | Yes | No |
| <b>a</b> 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? <i>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.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |           |     |    |
| <b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

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

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

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

| <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             |                             |
| 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              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  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> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )   | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2022 from Section C, line 6   | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount   | <b>10</b>           |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2022</b> | <b>(iii)<br/>Distributable<br/>Amount for 2022</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2022   |   |   |  |
| <b>a</b> From 2017.....  |   |   |  |
| <b>b</b> From 2018.....  |   |   |  |
| <b>c</b> From 2019.....  |   |   |  |
| <b>d</b> From 2020.....  |   |   |  |
| <b>e</b> From 2021.....  |   |   |  |
| <b>f Total</b> of lines 3a through 3e  |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2022 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |   |  |
| <b>4</b> Distributions for 2022 from Section D, line 7: <b>\$</b>  |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2022 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2018.....   |   |   |  |
| <b>b</b> Excess from 2019.....   |   |   |  |
| <b>c</b> Excess from 2020.....   |   |   |  |
| <b>d</b> Excess from 2021.....   |   |   |  |
| <b>e</b> Excess from 2022.....   |   |   |  |

BAA

**Part VI**

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

**Part II, Line 10 - Other Income**

| <u>Nature and Source</u> | <u>2022</u>       | <u>2021</u>      | <u>2020</u>  | <u>2019</u>  | <u>2018</u>  |
|--------------------------|-------------------|------------------|--------------|--------------|--------------|
| Other income             | \$ 21,592.        | \$ 6,984.        |              |              |              |
| Rental income            | 15,606.           |                  |              |              |              |
| <b>Total</b>             | <u>\$ 37,198.</u> | <u>\$ 6,984.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | County of Marin DHHS<br>20 N. San Pedro Road, St. 2021<br>San Rafael, CA 94903               | \$ 237,727.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Marin Community Foundation<br>5 Hamilton Landing #200<br>Novato, CA 94949                    | \$ 647,706.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Crescent Porter Foundation<br>1660 Bush Street St. 300<br>San Francisco, CA 94109            | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Marin County Children & Family Serv<br>3250 Kerner Blvd.<br>San Rafael, CA 94901             | \$ 131,820.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | County of Marin - Probation Dept.<br>3501 Civic Center Drive, #265<br>San Rafael, CA 94903   | \$ 149,267.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | County of Marin - Community Dev. Ag<br>3501 Civic Center Drive, #308<br>San Rafael, CA 94903 | \$ 163,128.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | Marin County Health & Human Svcs<br>10 N. San Pedro Rd., #1009<br>San Rafael, CA 94903       | \$ 626,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Duckworth / Dixon Family Fund<br>P.O. Box 655<br>Novato, CA 94948                            | \$ 105,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | HCA Family Fund<br>P.O. Box 7<br>Novato, CA 94947  | \$ 239,470.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | Novato Unified Schools<br>1015 Seventh Street<br>Novato, CA 94945                            | \$ 375,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | California Department of Education<br>1430 N. Street, Suite 2213<br>Sacramento, CA 95814     | \$ 170,957.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | California Department of Social Ser<br>744 P Street, Mailbox 9-13-04<br>Sacramento, CA 95814 | \$ 418,247.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>North Marin Community Services</b> | Employer identification number<br><b>94-1735064</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | SF-Marin Food Bank<br>900 Pennsylvania Avenue<br>San Francisco, CA 94107 | \$ 633,089.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>North Marin Community Services</b> | Employer identification number<br><b>94-1735064</b> |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| 13                        | Food<br>-----<br>-----<br>-----              | \$ 633,089.                                     |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |

Name of organization **North Marin Community Services** Employer identification number **94-1735064**

**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.)..... \$                      *N/A*  
 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 |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | <i>N/A</i>          |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |

| (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 |
|   |  |
|   |  |

| (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 |
|   |  |
|   |  |

| (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 |
|   |  |
|   |  |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

North Marin Community Services

94-1735064

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (for example, recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of a historically important land area
Preservation of a certified historic structure

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.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1.
(ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

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

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

1 a 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 |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   | 195,560.                             |                                 |                              | 195,560.       |
| b Buildings  | 784,371.                             |                                 | 784,371.                     | 0.             |
| c Leasehold improvements   | 2,899,590.                           |                                 | 2,318,447.                   | 581,143.       |
| d Equipment  | 486,106.                             |                                 | 425,534.                     | 60,572.        |
| e Other  | 283,865.                             |                                 | 281,019.                     | 2,846.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 840,121.       |

BAA



**Part VII Investments – Other Securities.** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . . |                |   |

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Funds Held by Others - Marin Community F  | 1,435,677.     |
| (2) Money market, bank sweet and cash reinve  | 37,407.        |
| (3) Unemployment Reserve  | 57,249.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . . . | 1,530,333.     |

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) Fee payable - in lieu of  | 35,000.        |
| (3) Unemployment Reserve  | 57,249.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . | 92,249.        |

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

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

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

|          |  |            |            |
|----------|--|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements.....                        | <b>1</b>   | 6,649,155. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |            |            |
|          | <b>a</b> Net unrealized gains (losses) on investments.....   | <b>2 a</b> | 391,917.   |
|          | <b>b</b> Donated services and use of facilities.....   | <b>2 b</b> |            |
|          | <b>c</b> Recoveries of prior year grants.....  | <b>2 c</b> |            |
|          | <b>d</b> Other (Describe in Part XIII.) See Part XIII.....   | <b>2 d</b> | 17,427.    |
|          | <b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....   | <b>2 e</b> | 409,344.   |
| <b>3</b> | Subtract line <b>2 e</b> from line <b>1</b> .....  | <b>3</b>   | 6,239,811. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |            |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....                       | <b>4 a</b> |            |
|          | <b>b</b> Other (Describe in Part XIII.).....   | <b>4 b</b> |            |
|          | <b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....   | <b>4 c</b> |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.)..... | <b>5</b>   | 6,239,811. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |   |            |            |
|----------|---|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements.....                                       | <b>1</b>   | 6,610,025. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |            |            |
|          | <b>a</b> Donated services and use of facilities.....  | <b>2 a</b> |            |
|          | <b>b</b> Prior year adjustments.....  | <b>2 b</b> |            |
|          | <b>c</b> Other losses.....  | <b>2 c</b> |            |
|          | <b>d</b> Other (Describe in Part XIII.) See Part XIII.....  | <b>2 d</b> | 17,427.    |
|          | <b>e</b> Add lines <b>2 a</b> through <b>2 d</b> .....  | <b>2 e</b> | 17,427.    |
| <b>3</b> | Subtract line <b>2 e</b> from line <b>1</b> .....   | <b>3</b>   | 6,592,598. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |            |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....                        | <b>4 a</b> |            |
|          | <b>b</b> Other (Describe in Part XIII.).....  | <b>4 b</b> |            |
|          | <b>c</b> Add lines <b>4 a</b> and <b>4 b</b> .....  | <b>4 c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)..... | <b>5</b>   | 6,592,598. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FASB ASC 740 Footnote**

North Marin Community Services (the Organization) is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and California income taxes under section 23701(d) of the California Revenue and Taxation Code. The IRS classified the organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

**Part XIII Supplemental Information** (continued)**Part X - FASB ASC 740 Footnote (continued)**

The Organization has adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Section 740-10, which clarifies the accounting for uncertainty in income taxes. ASC Section 740-10 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. ASC Section 740-10 requires that an organization recognize in the financial statements the impact of the tax position if that position will more likely than not be sustained on audit, based on the technical merits of the position. As of and for the year ended June 30, 2023, the Organization had no material unrecognized tax benefits, tax penalties or interest.

The Organization's Forms 990, Return of Organization Exempt from Income Tax, for each of the tax years ended June 30, 2022, 2021, and 2020, are subject to examination by the IRS, generally for 3 years after they were filed.

The Organization's Forms 199, Return of Organization Exempt from Income Tax, for each of the tax years ended June 30, 2022, 2021, 2020 and 2019, are subject to examination by the IRS, generally for 4 years after they were filed.

**Schedule D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

|                           |                   |
|---------------------------|-------------------|
| Fundraising expenses..... | \$ 17,427.        |
| Total                     | <u>\$ 17,427.</u> |

**Schedule D, Part XII, Line 2d  
Other Expenses And Losses Per Audited F/S**

|                           |                   |
|---------------------------|-------------------|
| Fundraising expenses..... | \$ 17,427.        |
| Total                     | <u>\$ 17,427.</u> |

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | 0.  |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

|                 |    | (a) Event #1   | (b) Event #2 | (c) Other events       | (d) Total events                       |          |
|-----------------|----|--|--------------|------------------------|--|----------|
|                 |    | Child Dev. & F<br>(event type)                               | (event type) | None<br>(total number) | (add column (a)<br>through column (c)) |          |
| Revenue         | 1  | Gross receipts   | 176,028.     |                        | 176,028.                               |          |
|                 | 2  | Less: Contributions  |              |                        |  |          |
|                 | 3  | Gross income (line 1 minus line 2)                           | 176,028.     |                        | 176,028.                               |          |
| Direct Expenses | 4  | Cash prizes  |              |                        |  |          |
|                 | 5  | Noncash prizes   |              |                        |  |          |
|                 | 6  | Rent/facility costs  | 2,108.       |                        | 2,108.                                 |          |
|                 | 7  | Food and beverages   | 9,113.       |                        | 9,113.                                 |          |
|                 | 8  | Entertainment  |              |                        |  |          |
|                 | 9  | Other direct expenses  | 6,206.       |                        | 6,206.                                 |          |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        |  | 17,427.  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        |  | 158,601. |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant<br>bingo/progressive<br>bingo                 | (c) Other gaming  | (d) Total gaming<br>(add column (a)<br>through column (c))          |  |
|-----------------|---|--|---|---|---|--|
|                 |   |  |   |   |   |  |
| Revenue         | 1 | Gross revenue  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes  |   |   |   |  |
|                 | 3 | Noncash prizes   |   |   |   |  |
|                 | 4 | Rent/facility costs  |   |   |   |  |
|                 | 5 | Other direct expenses  |   |   |   |  |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name -----

Address -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name -----

Address -----

16 Gaming manager information:

Name -----

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

Description of services provided -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . . **4a** X
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . **4b** X
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . . **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** X
- b** Any related organization? . . . . . **5b** X
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** X
- b** Any related organization? . . . . . **6b** X
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . . **7** X

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . . **8** X

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . **9**

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

**Schedule J (Form 990) 2022**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|    | (A) Name and Title       | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     |                                    |                                    | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----|--------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------|--|-------------------------|--------------------------------|---|
|    |                          | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (i) Bonus & incentive compensation | (ii) Other reportable compensation |  |                         |                                |   |
| 1  | Vanshika Nachnani<br>CFO | 173,958.<br>0.   | 5,000.<br>0.                        | 0.<br>0.                            | 0.<br>0.                           | 0.<br>0.                           | 10,394.<br>0.                                  | 189,352.<br>0.          | 0.<br>0.                       |   |
| 2  | Cheryl Paddack<br>CEO    | 193,092.<br>0.   | 7,500.<br>0.                        | 0.<br>0.                            | 0.<br>0.                           | 0.<br>0.                           | 10,818.<br>0.                                  | 211,410.<br>0.          | 0.<br>0.                       |   |
| 3  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 4  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 5  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 6  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 7  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 8  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 9  |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 10 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 11 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 12 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 13 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 14 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 15 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |
| 16 |                          |  |                                     |                                     |                                    |                                    |  |                         |                                |   |



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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

Attach to Form 990.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>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                             |   | 633,089.  | 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 —<br>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                             | 1   | 633,089.  | 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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... |     | 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |     |    |

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

**Schedule M (Form 990) 2022**

---

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

---

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

North Marin Community Services

Employer identification number

94-1735064

**Form 990, Part III, Line 4d - Other Program Services Description**

Latine Services 3,848 Participants

NMCS has the longest established Promotores Program in Marin County. Our 21 Promotores/volunteer community leaders, representing eight Latin American countries, participate in leadership training and skills development to lift up and connect our Latine community to critical health information, educational opportunities, and emotional support and services. 100% of Promotores reported increased knowledge and skills after participating in this year's trainings; and the Promotores connected with 2,953 people through workshops, community health education and parenting classes. Last year, Latine staff worked with 106 Newcomer students to foster a sense of community and connection through assessment, outreach, and engagement. 92% of students agreed that during the sessions they were able to express their thoughts and create goals they want to achieve.

Total program expenses were \$534,778.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Form 990 is e-mailed to the Board of Director's Finance Committee to provide comments and input prior to submission.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

The following conflict of interest disclosure statement is given to Board Members and staff annually.

Please initial in the space at the end of item A or complete item B, whichever is appropriate, complete item C, and sign and date the statement and return it to the Board Chair.

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)**

A. I am not aware of any relationship or interest or situation involving my family or myself which might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and agency on the other.

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent or potential conflict of interest between such family members or myself on one hand and the agency on the other.

- a) For-profit corporate directorships, positions or employment with
- b) Nonprofit trusteeships or positions:
- c) Memberships in the following organizations:
- d) Contracts, business activities, and investments with or in the following
- e) Organizations:
- f) Other relationships and activities

C. My primary business or occupation at this time is:

I have read and understand the conflict-of-interest policy of the agency and agree to be bound by it. I will promptly inform the board chair of the agency of any material change that develops in the information contained in the foregoing statement.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

Annually we compare staff salaries to those listed in the updated compensation and benefits survey of Northern California Nonprofit Organizations. Any executive staff

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management (continued)**

Salary changes are approved by the Executive Committee of the Board of Directors.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Available upon request.

**Form 990, Part III, Line 1 - Organization Mission**

Our mission is to empower youth, adults and families in our diverse community to achieve well-being, growth and success, and we envision a strong community with opportunities for all. Our whole family approach ensures individuals and families have access to comprehensive, trauma informed support designed to foster resiliency and strengthen community. Our pathways to programs ensure that participants will be assessed for all of our programs and services, no matter which door they enter through. In 2022-23, our team of 579 people (67 staff and 512 volunteers) delivered services to 10,280 participants included children, adults, families, aging adults, immigrants, single parents, service workers and others. Our services are designed to help correct Marin County's extreme disparities in health and wealth. 95% of those we serve are members of low-income households, and 89% are people of color (Latine 80%; African American/Black 3%; Asian/PI 2%, Multi-Racial/Other 4%; White 11%). Since the in-need population is not concentrated in one area, we implemented outreach and service strategies throughout North and West Marin. Our programs were offered on-site at our two centers, 680 Wilson Ave and 1907 Novato Blvd; on Novato Unified School District campuses; at the Novato Teen Clinic (a partnership with Marin Community Clinics); now in West Marin; and remotely. As the anchor human services nonprofit serving North Marin, we have experienced a dramatic increase in demand for services by the Latine and communities of color, with majority from extremely and very low-income households.

**Part III Statement of Program Service Accomplishments - 4a**

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

### Case Management 3,790 Participants

Our team of eight experienced bilingual and bicultural case managers support families through crisis with a goal to achieve well-being and self-sufficiency. Services may be short-term or long-term based on the participants' needs and circumstance. Last year, Community Support Services addressed basic needs for 3,467 individuals (1,340 households) through case management and food pantry services. Impact highlights included: 507 people received emergency rental assistance support; 1,760 people accessed healthy food through our weekly food pantry (in partnership with SF-Marine Food Bank) and CalFresh enrollment; and 323 children (316 families) received well-being through the Holiday Share and Toy Drive. Our Intensive Case Coordination provided longer-term support to 377 children and families through Thriving Families Initiative, Amigos de la Familia and School Works Initiative. Among the many Amigos Programs impacts, 56 households (197 children and adults) participated, and 95% of families who participated for at least 3 months did not have another incident of child abuse or neglect; 100% of the families surveyed strongly agree that because of the services received through NMCS, their family has built stronger relationships with family/friends/teachers or others.

Total program expenses were \$1,897,513.

Client NMCS

North Marin Community Services

94-1735064

9/29/23

07:17PM

**Form 990, Part III, Line 4e  
Program Services Totals**

|                | Program<br>Services<br>Total | Form 990   | Source                     |
|----------------|------------------------------|------------|----------------------------|
| Total Expenses | 5,128,404.                   | 5,128,404. | Part IX, Line 25, Col. B   |
| Grants         | 0.                           | 0.         | Part IX, Lines 1-3, Col. B |
| Revenue        | 695,304.                     | 762,291.   | Part VIII, Line 2, Col. A  |

**Form 990, Part IX, Line 24e  
Other Expenses**

|                                | (A)<br>Total | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fundraising |
|--------------------------------|--------------|----------------------------|--------------------------------|--------------------|
| Dues and Fees, Subscriptions & | 43,252.      | 17,369.                    | 20,584.                        | 5,299.             |
| Equipment and rental           | 29,276.      | 22,499.                    | 4,121.                         | 2,656.             |
| Food Supplies                  | 58,621.      | 51,891.                    | 4,079.                         | 2,651.             |
| Other operating expenses       | 74,958.      | 69,990.                    | 4,968.                         |                    |
| Postage and Shipping           | 19,375.      | 5,900.                     | 960.                           | 12,515.            |
| Repairs and Maintenance        | 96,265.      | 73,349.                    | 18,131.                        | 4,785.             |
| Supplies                       | 90,504.      | 64,355.                    | 20,991.                        | 5,158.             |
| Telephone                      | 52,566.      | 42,447.                    | 7,125.                         | 2,994.             |
| Total                          | \$ 464,817.  | \$ 347,800.                | \$ 80,959.                     | \$ 36,058.         |



California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 7/01/2022, and ending (mm/dd/yyyy) 6/30/2023. Corporation/Organization name NORTH MARIN COMMUNITY SERVICES. California corporation number 0769220. FEIN 94-1735064. Street address (suite or room) 680 WILSON AVENUE. City NOVATO. State CA. Zip code 94947.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows 1-8: Receipts and Revenues. Row 9: Total expenses and disbursements. Row 10: Excess of receipts over expenses and disbursements.

Table with 2 columns: Description and Amount. Rows 11-16: Filing Fee. Row 16: Balance due.

Sign Here. 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: CEO. Title: CEO. Date: [blank]. Telephone: (415) 892-1643.

Paid Preparer's Use Only. Preparer's signature: ROLLAND VASIN. Date: [blank]. Check if self-employed: [blank]. Firm's name (or yours, if self-employed) and address: VASIN, HEYN & COMPANY, 5000 N. PARKWAY CALABASAS #201, CALABASAS, CA 91302. Firm's FEIN: P00644882. Telephone: (818) 222-3500.

May the FTB discuss this return with the preparer shown above? See instructions. [X] 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> | 1  | Gross sales or receipts from all business activities. See instructions.   | ● | 1  |            |
|                                    | 2  | Interest  | ● | 2  |            |
|                                    | 3  | Dividends   | ● | 3  | 39,347.    |
|                                    | 4  | Gross rents   | ● | 4  |            |
|                                    | 5  | Gross royalties   | ● | 5  |            |
|                                    | 6  | Gross amount received from sale of assets (See instructions)  | ● | 6  |            |
|                                    | 7  | Other income. Attach schedule. SEE STATEMENT 1  | ● | 7  | 956,620.   |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. |   | 8  | 995,967.   |
| <b>Expenses and Disbursements</b>  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule   | ● | 9  |            |
|                                    | 10 | Disbursements to or for members   | ● | 10 |            |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule  | ● | 11 | 428,881.   |
|                                    | 12 | Other salaries and wages  | ● | 12 | 3,562,280. |
|                                    | 13 | Interest  | ● | 13 |            |
|                                    | 14 | Taxes   | ● | 14 | 285,991.   |
|                                    | 15 | Rents   | ● | 15 | 73,230.    |
|                                    | 16 | Depreciation and depletion (See instructions)   | ● | 16 | 79,030.    |
|                                    | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 2  | ● | 17 | 2,180,613. |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.                |   | 18 | 6,610,025. |

| <b>Schedule L Balance Sheet</b>  |   | <b>Beginning of taxable year</b> |            | <b>End of taxable year</b> |            |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
|                                  |   | <b>(a)</b>                       | <b>(b)</b> | <b>(c)</b>                 | <b>(d)</b> |
| <b>Assets</b>                    |   |                                  |            |                            |            |
| 1                                | Cash  |                                  | 3,010,875. | ●                          | 2,492,579. |
| 2                                | Net accounts receivable                           |                                  | 349,664.   | ●                          | 261,216.   |
| 3                                | Net notes receivable                              |                                  |            | ●                          |            |
| 4                                | Inventories                                       |                                  |            | ●                          |            |
| 5                                | Federal and state government obligations          |                                  |            | ●                          |            |
| 6                                | Investments in other bonds                        |                                  |            | ●                          |            |
| 7                                | Investments in stock STMT 3                       |                                  | 2,453,725. | ●                          | 2,910,452. |
| 8                                | Mortgage loans                                    |                                  |            | ●                          |            |
| 9                                | Other investments. Attach schedule ST 4           |                                  | 1,507,445. | ●                          | 1,473,084. |
| 10a                              | Depreciable assets                                | 4,240,129.                       |            | 4,453,932.                 |            |
| b                                | Less accumulated depreciation                     | 3,796,139.                       | 443,990.   | 3,809,371.                 | 644,561.   |
| 11                               | Land  |                                  | 195,560.   | ●                          | 195,560.   |
| 12                               | Other assets. Attach schedule STM 5               |                                  | 104,351.   | ●                          | 123,299.   |
| 13                               | <b>Total assets</b>                               |                                  | 8,065,610. |                            | 8,100,751. |
| <b>Liabilities and net worth</b> |   |                                  |            |                            |            |
| 14                               | Accounts payable                                  |                                  | 374,003.   | ●                          | 382,856.   |
| 15                               | Contributions, gifts, or grants payable           |                                  |            | ●                          |            |
| 16                               | Bonds and notes payable                           |                                  |            | ●                          |            |
| 17                               | Mortgages payable                                 |                                  |            | ●                          |            |
| 18                               | Other liabilities. Attach schedule STM 6          |                                  | 105,091.   |                            | 92,249.    |
| 19                               | Capital stock or principal fund                   |                                  | 7,586,516. | ●                          | 7,625,646. |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                                  |            | ●                          |            |
| 21                               | Retained earnings or income fund                  |                                  |            | ●                          |            |
| 22                               | <b>Total liabilities and net worth</b>            |                                  | 8,065,610. |                            | 8,100,751. |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |   |   |         |    |  |   |           |
|--|---|---|---------|----|--|---|-----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |   |   |         |    |  |   |           |
| 1  | Net income per books  | ● | 39,130. | 7  | Income recorded on books this year not included in this return. Attach schedule SEE ST 7 | ● |           |
| 2  | Federal income tax  | ● |         | 8  | Deductions in this return not charged against book income this year.                     | ● | 391,917.  |
| 3  | Excess of capital losses over capital gains                                       | ● |         | 9  | Total. Add line 7 and line 8   | ● | 391,917.  |
| 4  | Income not recorded on books this year. Attach schedule                           | ● |         | 10 | Net income per return. Subtract line 9 from line 6.                                      | ● | -352,787. |
| 5  | Expenses recorded on books this year not deducted in this return. Attach schedule | ● |         |    |  |   |           |
| 6  | <b>Total.</b> Add line 1 through line 5.  |   | 39,130. |    |  |   |           |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

North Marin Community Services

Employer identification number

94-1735064

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

[X] 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | Jonas Family Foundation<br>3251 Hermit Way<br>Santa Rosa, CA 95405                | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Presbyterian Church of Novato<br>710 Wilson Ave.<br>Novato, CA 94947              | \$ 11,431.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | County of Marin DHHS<br>20 N. San Pedro Road, St. 2021<br>San Rafael, CA 94903    | \$ 237,727.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Marin Community Foundation<br>5 Hamilton Landing #200<br>Novato, CA 94949         | \$ 647,706.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Crescent Porter Foundation<br>1660 Bush Street St. 300<br>San Francisco, CA 94109 | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Frankie Poulos Foundation<br>2016 Contra Costa Ave.<br>Santa Rosa, CA 95405       | \$ 5,204.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>North Marin Community Services | <b>Employer identification number</b><br>94-1735064 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | County of Marin<br>3501 Civic Center Drive, #329<br>San Rafael, CA 94903                     | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Communtiy Action Marin<br>555 Northgate Dr. #201<br>San Rafael, CA 94903                     | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Marin County Children & Family Serv<br>3250 Kerner Blvd.<br>San Rafael, CA 94901             | \$ 131,820.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | County of Marin - Probation Dept.<br>3501 Civic Center Drive, #265<br>San Rafael, CA 94903   | \$ 149,267.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | County of Marin - Community Dev. Ag<br>3501 Civic Center Drive, #308<br>San Rafael, CA 94903 | \$ 163,128.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | Marin County Health & Human Srvs<br>10 N. San Pedro Rd., #1009<br>San Rafael, CA 94903       | \$ 626,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | Kaiser Foundation<br>401 Bicentennial Way #114<br>Santa Rosa, CA 95403                 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | First 5 Marin Children & Families<br>1050 Northgate Drive #130<br>San Rafael, CA 94903 | \$ 38,638.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | Duckworth / Dixon Family Fund<br>P.O. Box 655<br>Novato, CA 94948                      | \$ 105,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | HCA Family Fund<br>P.O. Box 7<br>Novato, CA 94947                                      | \$ 239,470.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | George Sandy Foundation<br>P.O. Box 591717<br>San Francisco, CA 94159                  | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | Umpqua Bank<br>708 W. Main Ave. #450<br>Spokane, WA 99201                              | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 19         | Redwood Credit Union<br>P.O. Box 6104<br>Santa Rosa, CA 95406                    | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | Sutter Health<br>P.O. Box 619110<br>Roseville, CA 95661                          | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | Life Science Cares Bay Area LLC<br>6331 Old Chesterbrook Rd.<br>McLean, VA 22101 | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | Marin Child Care Council<br>555 Northgate Drive, #105<br>San Rafael, CA 94903    | \$ 86,551.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | Marin Parks Grant<br>3501 Civic Center Dr., #260<br>San Rafael, CA 94903         | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | Bob & Angela Strehli<br>P.O. Box 779<br>Mill Valley, CA 94942                    | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 25         | Gary & Tony Bramon<br>680 Wilson Avenue<br>Novato, CA 94947          | \$ 60,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | Dean Family Fund<br>488 San Andreas Drivee<br>Novato, CA 94945       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | Greg Beyer<br>3 Saddlebrook Ct.<br>Novato, CA 94947                  | \$ 12,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | Jeffrey & Kathy Johnson<br>198 Drakewood Pl.<br>Novato, CA 94947     | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | George & Virgina Jurkowich<br>149 Windwalker Way<br>Novato, CA 94947 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | Scott MacLeod<br>3 Holstrom Circle<br>Novato, CA 94947               | \$ 10,700.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 31         | Leslie & Mike Murphy<br>2278 Vineyard Road<br>Novato, CA 94947       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | Sandro & Jeannie Sangiacomo<br>P.O. Box 1498<br>Ross, CA 94957       | \$ 61,040.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | Elizabeth & Martin Sleath<br>340 School Road<br>Novato, CA 94945     | \$ 6,700.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | Dean & Michele Moser<br>17 Germaine Place<br>Novato, CA 94949        | \$ 70,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | Eugene & Teresa Vitorelo<br>75 Atherton Oaks Dr.<br>Novato, CA 94949 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | Lauren & Frank Puliafico<br>401 Bel Marin Keys<br>Novato, CA 94949   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>North Marin Community Services | <b>Employer identification number</b><br>94-1735064 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 37         | Gail & Donald Schreuder<br>98 Bobinhood Dr.<br>Novato, CA 94945            | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | Zelia Fernandez & Brad Arnold<br>1283 Leafwood Hts.<br>Novato, CA 94947    | \$ 7,150.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | Paul & Jennifer Miller Family Fund<br>856 Sutro Ave.<br>Novato, CA 94947   | \$ 66,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | Hugh & Elizabeth Fullerton Full Cir<br>27 Par Ter<br>Mill Valley, CA 94941 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | Bank of Marin<br>504 Redwood Blvd., Ste. 100<br>Novato, CA 94947           | \$ 11,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | Sutter Instrument<br>1 DigitalDr.<br>Novato, CA 94949                      | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 43         | Village Fund<br>165 Township Lina Rd., \$150<br>Jenkinton, PA 19046                      | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | W. Bradley Electric, Inc.<br>90 Hill Road<br>Novato, CA 94945                            | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | Ultragenyx Pharmaceutical<br>60 Leveroni Ct.<br>Novato, CA 94949                         | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | Brayton Purcell LLP<br>222 Rush Landing Rd.<br>Novato, CA 94945                          | \$ 12,750.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | Novato Unified Schools<br>1015 Seventh Street<br>Novato, CA 94945                        | \$ 375,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | California Department of Education<br>1430 N. Street, Suite 2213<br>Sacramento, CA 95814 | \$ 170,957.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>North Marin Community Services | <b>Employer identification number</b><br>94-1735064 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 49         | California Department of Social Ser<br>744 P Street, Mailbox 9-13-04<br>Sacramento, CA 95814 | \$ 418,247.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         | SF-Marín Food Bank<br>900 Pennsylvania Avenue<br>San Francisco, CA 94107                     | \$ 633,089.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         | Bio Marin Pharmaceutical<br>105 Digital Drive<br>Novato, CA 94949                            | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         | Cheryl & Mark Paddack<br>274 San Felipe Way<br>Novato, CA 94945                              | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         | Bothin Foundation<br>1660 Bush Street, Ste. 300<br>San Francisco, CA 94109                   | \$ 29,800.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         | Cool the Earth<br>P.O. Box 694<br>Kenfield, CA 94914   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>North Marin Community Services | Employer identification number<br>94-1735064 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 55         | Marin Health Medical Center<br>250 Bon Air Rd.<br>Greenbrae, CA 94904                        | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         | Marin Wildfire Prevention Authority<br>28 Liberty Ship Way Suite 2800<br>Sausalito, CA 94904 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         | Walter and Elise Haas Fund<br>1 Lombard Street, Suite 300<br>San Francisco, CA 94111         | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         | William G. Irvin Charity Fnd<br>1660 Bush St., Ste. 300<br>San Francisco, CA 94109           | \$ 40,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         | Wells Fargo Foundation<br>1655 Grant St.<br>Concord, CA 94520                                | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         | Claire Garvie<br>428 Wilson Ave.<br>Novato, CA 94947   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>North Marin Community Services | <b>Employer identification number</b><br>94-1735064 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 61         | Kaegi Miriam<br>70 Corte Arriba<br>Novato, CA 94949                       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         | Jeanne & Patrick MacLeamy<br>95 Alameda del Prado<br>Novato, CA 94949     | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         | Edward Boracchia Foundation<br>3920 Cypress Dr.<br>Petaluma, CA 94954     | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         | Eric Van Adelsberg<br>1114 Santolina Drive<br>Novato, CA 94945            | \$ 6,224.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         | MCF Next Step Fund<br>5 Hamilton Landing #200<br>Novato, CA 94949         | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         | Gregory Hansen & Marsh Roberts<br>92 Fernwood Dr.<br>San Rafael, CA 94901 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>North Marin Community Services</b> | Employer identification number<br><b>94-1735064</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 67         | Feeding America-SF-Marin Food Bank<br>900 Pennsylvania Avenue<br>San Francisco, CA 94107 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         | Donald W. Saunders<br>5 Hamilton Landing Suite 200<br>Novato, CA 94949                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----  | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>North Marin Community Services</b> | Employer identification number<br><b>94-1735064</b> |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| 50                        | Food<br>-----<br>-----<br>-----              | \$ 633,089.                                     |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  |                      |



Name of organization **North Marin Community Services** Employer identification number **94-1735064**

**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.)..... \$                      *N/A*  
 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 |
|--|---------------------|---|-------------------------------------|
| -----  | <i>N/A</i>          |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
| -----  |                     | -----   |                                     |
| -----  |                     | -----   |                                     |

Client NMCS

North Marin Community Services

94-1735064

9/29/23

07:17PM

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

|                                 |       |                    |
|---------------------------------|-------|--------------------|
| Income from Special Events..... | \$    | 176,028.           |
| Other Investment Income.....    |       | -18,897.           |
| Program Service Revenue.....    |       | 762,291.           |
| Rental and other income.....    |       | 37,198.            |
|                                 | Total | <u>\$ 956,620.</u> |

**Statement 2**  
**Form 199, Part II, Line 17**  
**Other Expenses**

|                                     |       |                      |
|-------------------------------------|-------|----------------------|
| Accounting Fees.....                | \$    | 12,000.              |
| Advertising and Promotion.....      |       | 2,404.               |
| Computer & Tech Support.....        |       | 133,696.             |
| Direct Client Assistance.....       |       | 296,269.             |
| Dues and Fees, Subscriptions &..... |       | 43,252.              |
| Equipment and rental.....           |       | 29,276.              |
| Food Supplies.....                  |       | 58,621.              |
| In-kind, food supplies.....         |       | 633,089.             |
| Insurance.....                      |       | 123,040.             |
| Other Employee Benefit.....         |       | 261,686.             |
| Other operating expenses.....       |       | 74,958.              |
| Pension Plan Contributions.....     |       | 39,207.              |
| Postage and Shipping.....           |       | 19,375.              |
| Professional Fees.....              |       | 163,837.             |
| Repairs and Maintenance.....        |       | 96,265.              |
| Special Event Expenses.....         |       | 17,427.              |
| Supplies.....                       |       | 90,504.              |
| Telephone.....                      |       | 52,566.              |
| Travel.....                         |       | 33,141.              |
|                                     | Total | <u>\$ 2,180,613.</u> |

**Statement 3**  
**Form 199, Schedule L, Line 7**  
**Investments in Stocks**

|                            |       |                      |
|----------------------------|-------|----------------------|
| Bond funds.....            | \$    | 451,989.             |
| Equity funds.....          |       | 468,844.             |
| Exchange traded funds..... |       | 1,432,001.           |
| Fixed income.....          |       | 557,618.             |
|                            | Total | <u>\$ 2,910,452.</u> |

**Statement 4**  
**Form 199, Schedule L, Line 9**  
**Other Investments**

|   |       |                      |
|---|-------|----------------------|
| Funds Held by Others - Marin Community F..... | \$    | 1,435,677.           |
| Money market, bank sweet and cash reinve..... |       | 37,407.              |
|   | Total | <u>\$ 1,473,084.</u> |

**Statement 5**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

|  |                    |
|--|--------------------|
| Prepaid Expenses and Deferred Charges..... | 66,050.            |
| Unemployment Reserve.....                  | 57,249.            |
| Total                                      | \$ <u>123,299.</u> |

**Statement 6**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

|                               |                   |
|-------------------------------|-------------------|
| Fee payable - in lieu of..... | 35,000.           |
| Unemployment Reserve.....     | 57,249.           |
| Total                         | \$ <u>92,249.</u> |

**Statement 7**  
**Form 199, Schedule M-1, Line 7**  
**Income Recorded on Books Not on Return**

|   |                    |
|---|--------------------|
| Unrealized gain(loss) on investments..... | \$ 391,917.        |
| Total                                     | \$ <u>391,917.</u> |



(For Registry Use Only)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

**Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.**

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

|  |  |
|--|--|
| <p><b>NORTH MARIN COMMUNITY SERVICES</b><br/>Name of Organization</p> <p>List all DBAs and names the organization uses or has used<br/><b>680 WILSON AVENUE</b><br/>Address (Number and Street)</p> <p><b>NOVATO, CA 94947</b><br/>City or Town, State, and ZIP Code</p> <p><b>(415) 892-1643</b>      <b>INFO@NORTHMARINCS.ORG</b><br/>Telephone Number      E-mail Address</p> | <p>Check if:<br/><input type="checkbox"/> Change of address<br/><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>44569</u></p> <p>Corporation or Organization No. <u>0508777</u></p> <p>Federal Employer ID No. <u>94-1735064</u></p> |
|--|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

| Total Revenue                   | Fee  | Total Revenue                        | Fee   | Total Revenue                           | Fee     |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000              | \$25 | Between \$250,001 and \$1 million    | \$100 | Between \$20,000,001 and \$100 million  | \$800   |
| Between \$50,000 and \$100,000  | \$50 | Between \$1,000,001 and \$5 million  | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million              | \$1,200 |

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/22 ending 6/30/23) list:

**Total Revenue \$** (including noncash contributions) 6,239,811.    **Noncash Contributions \$** 633,089.    **Total Assets \$** 8,100,751.

**Program Expenses \$** 5,128,404.      **Total Expenses \$** 6,610,025.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding?<br><span style="float: right;">SEE STATEMENT 1</span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

|                               |                       |            |      |
|-------------------------------|-----------------------|------------|------|
|                               | <b>CHERYL PADDACK</b> | <b>CEO</b> |      |
| Signature of Authorized Agent | Printed Name          | Title      | Date |

9/29/23

07:17PM

**Statement 1**  
**Form RRF-1, Part B, Line 5**  
**Government Agency That Provided Funding**

County of Marin  
3501 Civic Center Drive  
San Rafael, CA 94903

California Department of Education  
1430 N Street  
Sacramento, CA 95814

California Department of Social Services  
744 P Street, Mailbox 9-13-04  
Sacramento, CA 95814

Novato Unified School District  
1015 Seventh Street  
Novato, CA 94945

County of Marin  
Community Development Agency  
Attn: Jillian Zeiger, Housing & Federal Grants Division  
3501 Civic Center Drive # 308  
San Rafael, CA 94903-4157