

PUBLIC DISCLOSURE COPY

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

INTERIM, INC.

EIN or SSN

51-0159122

Name and title of officer or person subject to tax

**ALAN STUMPF
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	24,822,103.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **93940**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 5/15/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77679055902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

AUTUMN ROSSI

Date

05/14/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERIM, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 3222 City or town, state or province, country, and ZIP or foreign postal code MONTEREY, CA 93942 F Name and address of principal officer: RHIYAN QUITON SAME AS C ABOVE	D Employer identification number 51-0159122 E Telephone number 831-649-4522 G Gross receipts \$ 24,847,852. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.INTERIMINC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1975 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: INTERIM, INC.'S MISSION IS TO PROVIDE SERVICES AND AFFORDABLE HOUSING TO SUPPORTING MEMBERS OF OUR		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	279
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	22,425,197.	22,758,645.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,555,636.	1,832,286.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	185,301.	173,575.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,314.	57,597.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,167,448.	24,822,103.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,822,749.	17,989,353.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	142,192.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,258,627.	6,053,485.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,081,376.	24,042,838.
	19	Revenue less expenses. Subtract line 18 from line 12	5,086,072.	779,265.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	35,323,915.	39,044,257.
	22	Net assets or fund balances. Subtract line 21 from line 20	13,126,710.	15,841,156.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,197,205.	23,203,101.

Part II Signature Block

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

Sign Here	Signature of officer ALAN STUMPF, TREASURER	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name AUTUMN ROSSI	Preparer's signature AUTUMN ROSSI
	Firm's name CLIFTONLARSONALLEN LLP	Date 05/14/24
	Firm's address 1188 PADRE DRIVE, STE 101 SALINAS, CA 93901	Check if self-employed <input type="checkbox"/> PTIN P01404602
		Firm's EIN 41-0746749
		Phone no. (831) 759-6300

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: INTERIM, INC.'S MISSION IS TO PROVIDE SERVICES AND AFFORDABLE HOUSING TO SUPPORTING MEMBERS OF OUR COMMUNITY WITH MENTAL ILLNESS IN BUILDING PRODUCTIVE AND SATISFYING LIVES.

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

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

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

4a (Code:) (Expenses \$ 3,818,077. including grants of \$) (Revenue \$ 31,337.) MANZANITA HOUSE (SHORT-TERM CRISIS RESIDENTIAL) - SALINAS & MONTEREY ARE LICENSED BY THE STATE OF CALIFORNIA, DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING (CCL) AS "SOCIAL REHABILITATION FACILITIES" AND CERTIFIED BY THE DEPARTMENT OF HEALTH CARE SERVICES AS A SHORT-TERM CRISIS RESIDENTIAL TREATMENT SERVICE FACILITIES FOR ADULT CLIENTS OF THE MONTEREY COUNTY BEHAVIORAL HEALTH SYSTEM EXPERIENCING AN ACUTE PSYCHIATRIC EPISODE OR CRISIS. MANZANITA OFFERS COMMUNITY-BASED REHABILITATIVE SERVICES IN A NON-INSTITUTIONAL RESIDENTIAL SETTING. SERVICE PROVISION ALSO INCLUDES MEDICATION SUPPORT.

4b (Code:) (Expenses \$ 2,847,054. including grants of \$) (Revenue \$ 53,420.) THE MCHOME PROGRAM IS A FULL-SERVICE PARTNERSHIP, WHICH PROVIDES WRAP-AROUND SERVICES, AND OUTREACH FOR ADULTS WITH A PSYCHIATRIC DISABILITY WHO ARE HOMELESS OR AT HIGH RISK OF HOMELESSNESS. THE PROGRAM ASSISTS ADULTS WITH MENTAL ILLNESS TO MOVE OFF THE STREET INTO HOUSING AND EMPLOYMENT AND/OR ON BENEFITS THROUGH OUTREACH, ASSESSMENTS, INTENSIVE CASE MANAGEMENT SERVICES, MENTAL HEALTH SERVICES, MEDICATION SUPPORT, AND ASSISTANCE WITH DAILY LIVING SKILLS.

4c (Code:) (Expenses \$ 1,833,890. including grants of \$) (Revenue \$ 464,874.) COMMUNITY HOUSING IS A PERMANENT SUPPORTIVE HOUSING PROGRAM, WHICH PROVIDES AFFORDABLE HOUSING PLACEMENTS FOR COMMUNITY INDEPENDENT LIVING FOR ADULTS WITH SERIOUS AND PERSISTENT, LONG TERM PSYCHIATRIC DISABILITIES. THE PROGRAM ALSO PROVIDES SUPPORTIVE SERVICES FOR THESE CLIENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 12,227,346. including grants of \$) (Revenue \$ 1,282,655.)

4e Total program service expenses 20,726,367.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

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 "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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 Section 501(c)(3) organizations. 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?	X	

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

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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		12
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		12
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
PALI WEERASEKERA - 831-649-4522
P.O. BOX 3222, MONTEREY, CA 93942

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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA MITCHELL EXECUTIVE DIRECTOR (TERM 2/23)	38.00 2.00			X				227,678.	0.	7,416.
(2) RHIYAN QUITON EXECUTIVE DIRECTOR	38.00 2.00			X				0.	0.	0.
(3) PALITHA WEERASEKERA DIRECTOR OF FINANCE	34.00 6.00			X				189,406.	0.	25,870.
(4) JANE ODEGARD CLINICAL & PROGRAM DEVELOPMENT OFFIC	40.00 0.00				X			193,143.	0.	23,582.
(5) JANYCE BERG NURSE PRACTITIONER	40.00 0.00					X		208,473.	0.	27,145.
(6) JANET ORTEGA DIRECTOR OF HR	40.00 0.00					X		146,704.	0.	20,360.
(7) CASEY POWERS DIVISION DIRECTOR	40.00 0.00					X		138,642.	0.	19,116.
(8) CARMEN TORRES-ALFARO DEPUTY DIRECTOR	40.00 0.00					X		140,289.	0.	27,713.
(9) MIRIAM GONZALEZ GOMEZ DIVISION DIRECTOR	40.00 0.00					X		138,304.	0.	18,845.
(10) DIANA ROSENTHAL PRESIDENT	0.20 1.00	X		X				0.	0.	0.
(11) JOHN STAFSNES VICE PRESIDENT	0.20 1.00	X		X				0.	0.	0.
(12) ALAN STUMPF TREASURER	0.20 1.00	X		X				0.	0.	0.
(13) JULIE ALTMAN SECRETARY	0.20 1.00	X		X				0.	0.	0.
(14) DOUGLAS ANDERSON DIRECTOR	0.20 1.00	X						0.	0.	0.
(15) FRAN BACA DIRECTOR	0.20 1.00	X						0.	0.	0.
(16) SHEILA HOLMES DIRECTOR	0.20 1.00	X						0.	0.	0.
(17) GLADYS HOUSTON DIRECTOR	0.20 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARL MILLER DIRECTOR	0.20 1.00	X						0.	0.	0.
(19) MARK SHAW DIRECTOR	0.20 1.00	X						0.	0.	0.
(20) EVA MONTES-PORTIS DIRECTOR	0.20 1.00	X						0.	0.	0.
(21) DEBORAH LINDEN DIRECTOR	0.20 1.00	X						0.	0.	0.
(22) RICHARD BISHOP DIRECTOR (TERM 12/22)	0.20 1.00	X						0.	0.	0.
(23) DIANE DEBERRY DIRECTOR (TERM 12/22)	0.20 1.00	X						0.	0.	0.
1b Subtotal								1,382,639.	0.	170,047.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,382,639.	0.	170,047.

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 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	21,483,986.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,274,659.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			22,758,645.			
Program Service Revenue	2 a RENTS	Business Code					
		623990	925,387.	925,387.			
	b MANAGEMENT FEES	561000	792,358.	792,358.			
	c PROGRAM INCOME	623990	114,541.	114,541.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,832,286.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		198,524.			198,524.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	800.			
	b Less: cost or other basis and sales expenses	7b		25,749.			
	c Gain or (loss)	7c		-24,949.			
	d Net gain or (loss)			-24,949.		-24,949.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		532000	57,597.	0.		57,597.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			57,597.				
12 Total revenue. See instructions			24,822,103.	1,832,286.	0.	231,172.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	640,558.	80,347.	560,211.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,591,936.	11,937,660.	1,599,362.	54,914.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,699,816.	2,466,439.	217,338.	16,039.
9 Other employee benefits				
10 Payroll taxes	1,057,043.	904,035.	148,652.	4,356.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,720.		27,720.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	764,877.	675,373.	88,516.	988.
12 Advertising and promotion	167,000.	98,213.	36,708.	32,079.
13 Office expenses	1,178,876.	924,286.	247,038.	7,552.
14 Information technology				
15 Royalties				
16 Occupancy	938,705.	851,502.	82,456.	4,747.
17 Travel	18,296.	13,379.	4,916.	1.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	128,997.	114,855.	13,604.	538.
20 Interest	208,554.	206,670.	1,884.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	961,614.	907,919.	53,695.	
23 Insurance	310,687.	296,282.	14,274.	131.
24 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.)				
a REPAIRS & MAINTENANCE	519,760.	506,546.	13,138.	76.
b CLIENT SERVICES	392,617.	379,472.	725.	12,420.
c FOOD	244,493.	244,493.		
d TAX AND LICENSES	61,351.	48,774.	12,577.	
e All other expenses	129,938.	70,122.	51,465.	8,351.
25 Total functional expenses. Add lines 1 through 24e	24,042,838.	20,726,367.	3,174,279.	142,192.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,375,180.	2	4,086,498.
	3 Pledges and grants receivable, net	4,238,015.	3	5,480,302.
	4 Accounts receivable, net	423,225.	4	722,780.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	493,175.	9	560,243.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,413,419.		
	b Less: accumulated depreciation	10b 13,558,165.	20,322,036.	10c 21,855,254.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,472,284.	15	6,339,180.
16 Total assets. Add lines 1 through 15 (must equal line 33)	35,323,915.	16	39,044,257.	
Liabilities	17 Accounts payable and accrued expenses	3,017,210.	17	3,634,369.
	18 Grants payable		18	
	19 Deferred revenue	320,417.	19	1,697,925.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,345,956.	23	7,787,641.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,443,127.	25	2,721,221.
	26 Total liabilities. Add lines 17 through 25	13,126,710.	26	15,841,156.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,913,727.	27	15,942,924.
	28 Net assets with donor restrictions	6,283,478.	28	7,260,177.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,197,205.	32	23,203,101.
	33 Total liabilities and net assets/fund balances	35,323,915.	33	39,044,257.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,822,103.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,042,838.
3	Revenue less expenses. Subtract line 2 from line 1	3	779,265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,197,205.
5	Net unrealized gains (losses) on investments	5	226,642.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-11.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,203,101.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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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		
Total						

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16100912.	17760909.	17944121.	22425197.	22758645.	96989784.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16100912.	17760909.	17944121.	22425197.	22758645.	96989784.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						96989784.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	16100912.	17760909.	17944121.	22425197.	22758645.	96989784.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	198,896.	157,603.	129,834.	185,301.	198,524.	870,158.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-2,775.	68,636.	130,106.	1,314.	32,648.	229,929.
11 Total support. Add lines 7 through 10						98089871.
12 Gross receipts from related activities, etc. (see instructions)					12	8,490,394.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	98.88	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.04	%
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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>

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

Section B. Total Support

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No	
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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: \$ 1,373.

2019 AMOUNT: \$ 68,636.

2020 AMOUNT: \$ 103,186.

2021 AMOUNT: \$ 1,314.

2022 AMOUNT: \$ 57,597.

GAIN/LOSS ON DISPOSAL OF ASSET

2018 AMOUNT: \$ -4,148.

2020 AMOUNT: \$ 26,920.

2022 AMOUNT: \$ -24,949.

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

INTERIM, INC.

Employer identification number

51-0159122

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 INTERIM, INC.	Employer identification number 51-0159122
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 84,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 25,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERIM, INC.	Employer identification number 51-0159122
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERIM, INC.	Employer identification number 51-0159122
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization INTERIM, INC.	Employer identification number 51-0159122
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization INTERIM, INC. Employer identification number 51-0159122

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, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	988,090.	1,213,383.	895,157.	846,207.	808,763.
b Contributions			103,250.		
c Net investment earnings, gains, and losses	58,827.	-225,293.	214,976.	48,950.	37,444.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,046,917.	988,090.	1,213,383.	895,157.	846,207.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,272,705.		3,272,705.
b Buildings		23,406,886.	11,481,219.	11,925,667.
c Leasehold improvements		6,209,367.		6,209,367.
d Equipment		1,461,375.	1,281,028.	180,347.
e Other		1,063,086.	795,918.	267,168.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,855,254.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD AS REQUIRED RESERVES	1,251,905.
(2) DEPOSITS	15,352.
(3) SEC. DEP. HELD IN TRUSTS	10,593.
(4) RIGHT-OF-USE ASSETS - OPERATING	241,748.
(5) CERTIFICATES OF DEPOSIT	1,612,403.
(6) MUTUAL FUND	3,106,524.
(7) RIGHT-OF-USE ASSETS - FINANCING	100,655.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,339,180.

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) PREPAID RENT	10,092.
(3) INTEREST PAYABLE	2,324,041.
(4) SECURITY DEPOSITS	43,809.
(5) OPERATING LEASE LIABILITY	241,748.
(6) FINANCE LEASE LIABILITY	101,531.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,721,221.

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 ...

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.

1	Total revenue, gains, and other support per audited financial statements	1	25,021,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	226,642.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	226,642.
3	Subtract line 2e from line 1	3	24,794,383.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,720.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	27,720.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,822,103.

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.

1	Total expenses and losses per audited financial statements	1	24,015,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	24,015,118.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,720.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	27,720.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,042,838.

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, LINE 2:

AS A TAX EXEMPT NONPROFIT ORGANIZATION, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM STATE FRANCHISE TAX UNDER CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D), BUT IS SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME WHEN EARNED.

MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATIONS BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,

Part XIII Supplemental Information *(continued)*

RESPECTIVELY, AFTER THEY ARE FILED.

[Lined area for supplemental information]

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

INTERIM, INC.

Employer identification number

51-0159122

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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA 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				
(1) BARBARA MITCHELL EXECUTIVE DIRECTOR (TERM 2/23)	(i)	227,678.	0.	0.	6,790.	626.	235,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PALITHA WEERASEKERA DIRECTOR OF FINANCE	(i)	189,406.	0.	0.	25,235.	635.	215,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANE ODEGARD CLINICAL & PROGRAM DEVELOPMENT OFFIC	(i)	193,143.	0.	0.	23,009.	573.	216,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANYCE BERG NURSE PRACTITIONER	(i)	208,473.	0.	0.	27,126.	19.	235,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANET ORTEGA DIRECTOR OF HR	(i)	146,704.	0.	0.	20,326.	34.	167,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CASEY POWERS DIVISION DIRECTOR	(i)	138,642.	0.	0.	19,082.	34.	157,758.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARMEN TORRES-ALFARO DEPUTY DIRECTOR	(i)	140,289.	0.	0.	19,053.	8,660.	168,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MIRIAM GONZALEZ GOMEZ DIVISION DIRECTOR	(i)	138,304.	0.	0.	18,811.	34.	157,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

INTERIM, INC.

Employer identification number

51-0159122

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

COMMUNITY WITH MENTAL ILLNESS IN BUILDING PRODUCTIVE AND SATISFYING
LIVES.

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

BRIDGE HOUSE RESIDENTIAL IS A TRANSITIONAL RESIDENTIAL TREATMENT
PROGRAM FOR ADULTS WITH CO-OCCURRING SERIOUS MENTAL ILLNESSES AND
SUBSTANCE USE DISORDERS. THE PROGRAM IS LICENSED BY THE CALIFORNIA
DEPT. OF SOCIAL SERVICES COMMUNITY CARE LICENSING AS A SOCIAL
REHABILITATION FACILITY AND CERTIFIED BY THE DEPARTMENT OF HEALTHCARE
SERVICES FOR TRANSITIONAL RESIDENTIAL TREATMENT.

EXPENSES \$ 1,679,208. INCLUDING GRANTS OF \$ 0. REVENUE \$ 54,603.

SHELTER COVE IS A SUPPORTED TRANSITIONAL HOUSING PROGRAM, WHICH
PROVIDES HOUSING TO 39 VERY LOW-INCOME INDIVIDUALS ALL OF WHOM ARE
HOMELESS OR AT-RISK OF HOMELESSNESS, AND HAVE A SERIOUS MENTAL HEALTH
DIAGNOSIS THAT SUBSTANTIALLY INTERFERES WITH THEIR FUNCTIONAL ABILITY
TO CARRY OUT PRIMARY ASPECTS OF DAILY LIVING IN THE COMMUNITY. ALL
CLIENTS RECEIVE SUPPORTIVE SERVICES.

EXPENSES \$ 1,265,679. INCLUDING GRANTS OF \$ 0. REVENUE \$ 103,219.

THE ASSERTIVE COMMUNITY TREATMENT (ACT) PROGRAM IS A FULL-SERVICE
PARTNERSHIP (FSP) SERVING ADULTS WITH SERIOUS MENTAL ILLNESSES AND/OR
SERIOUS FUNCTIONING IMPAIRMENTS WHO MEET ACT/FSP LEVEL OF CARE. THE ACT
TEAM BRINGS COMMUNITY BASED MENTAL HEALTH SERVICES TO CONSUMERS WHO ARE
UNDERSERVED AND UNABLE TO ACCESS OR EFFECTIVELY UTILIZE CLINIC-BASED

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

Schedule O (Form 990) 2022

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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TREATMENT TO MEET THEIR MENTAL HEALTH NEEDS. PRIORITY ADMISSION:
LATINO/A CONSUMERS WHO ARE HOUSED OR HOMELESS AND RESIDING IN SALINAS
VALLEY AND SOUTH MONTEREY COUNTY. SERVICES ARE PROVIDED IN COMMUNITY
SETTINGS AS NEEDED, AND INCLUDE MEDICATION SUPPORT SERVICES.
EXPENSES \$ 1,260,693. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHOICES DAY TREATMENT INTENSIVE PROGRAM IS A STRUCTURED,
MULTI-DISCIPLINARY PROGRAM OF THERAPY THAT IS AN ALTERNATIVE TO
HOSPITALIZATION OR A STEP DOWN FROM PSYCHIATRIC HOSPITALIZATION,
AVOIDING CLIENTS' PLACEMENT IN A MORE RESTRICTIVE SETTING, BY
MAINTAINING CLIENTS IN A COMMUNITY SETTING. SERVICES INCLUDE: MENTAL
HEALTH EVALUATION, TREATMENT PLAN DEVELOPMENT, TREATMENT, CASE
MANAGEMENT, MEDICATION SUPPORT SERVICES, AND DISCHARGE PLANNING. THE
PROGRAM IS STRUCTURED AS A THERAPEUTIC MILIEU AND INCLUDES DAILY
COMMUNITY MEETINGS, PROCESS GROUPS, SKILL BUILDING GROUPS, INDIVIDUAL
THERAPY, ALONG WITH ADJUNCTIVE THERAPIES FOR PHYSICAL AND SOCIAL
HEALTH, CASE MANAGEMENT, AND COMMUNITY RESOURCE OUTINGS.
EXPENSES \$ 918,879. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SANDY SHORES IS A FULL SERVICE PARTNERSHIP (FSP) PERMANENT SUPPORTIVE
HOUSING PROGRAM, WHICH PROVIDES AFFORDABLE HOUSING FOR 28 VERY
LOW-INCOME INDIVIDUALS ALL OF WHOM WERE HOMELESS AND HAVE A SERIOUS
MENTAL HEALTH DIAGNOSIS THAT SUBSTANTIALLY INTERFERES WITH THEIR
FUNCTIONAL ABILITY TO CARRY OUT PRIMARY ASPECTS OF DAILY LIVING IN THE
COMMUNITY. THE PROGRAM ALSO PROVIDES SUPPORTIVE SERVICES FOR THESE
CLIENTS.
EXPENSES \$ 862,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 102,530.

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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OMNI RESOURCES CENTER IS A CLIENT DRIVEN WELLNESS AND RECOVERY CENTER THAT OFFERS PEER SUPPORT, PEER-RUN GROUPS, EDUCATIONAL AND SELF-HEALING ACTIVITIES. THE CENTER ALSO INCLUDES THE ACTIVITIES: 1) SUCCESS OVER STIGMA WHICH PROVIDES COMMUNITY ADVOCACY & EDUCATIONAL OUTREACH DESIGNED TO MAKE POSITIVE CHANGES IN THE PUBLIC PERCEPTION OF MENTAL ILLNESS; 2) SUPPORTED EDUCATION SERVICES, INCLUDING ASSISTANCE WITH CLASS ENROLLMENT, COORDINATION OF SERVICES WITH THE EDUCATIONAL INSTITUTION, AND ONGOING SUPPORT WHILE CONSUMERS ARE PURSUING THEIR EDUCATIONAL ENDEAVORS.

EXPENSES \$ 847,640. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

WELLNESS NAVIGATION: PEER PARTNERS FOR HEALTH (PPH) & TRANSPORTATION COACHING PROGRAM (TCP) & PPH TRANSITIONAL AGE YOUTH (TAY) & PPH PRIMARY CARE INTEGRATION. PPH IS A CONSUMER DRIVEN SERVICE OFFERING PEER SUPPORT WITH MENTAL HEALTH RECOVERY, SOCIAL INCLUSION, AND INTEGRATION INTO COMMUNITY RESOURCES. REFERRALS ARE GUIDED BY PERSONS SERVED IDENTIFYING A NEED FOR RECOVERY SKILLS BUILDING AND PEER SUPPORT.

WELLNESS NAVIGATORS SERVE TO CREATE A WELCOMING AND RECOVERY-ORIENTED ENVIRONMENT WHERE INDIVIDUALS ACCESSING SERVICES AT THE MONTEREY COUNTY BEHAVIORAL HEALTH BUREAU OUTPATIENT CLINICS CAN FEEL WELCOME AND SUPPORTED BY SOMEONE WHO MAY HAVE A SIMILAR EXPERIENCE. TRANSPORTATION COACHING SERVES TO ADDRESS THE NEEDS OF CLIENTS AS EXPRESSED IN THEIR INDIVIDUAL TRANSPORTATION NEEDS ASSESSMENTS. PPH PRIMARY CARE INTEGRATION ALLOWS FOR WELLNESS NAVIGATORS TO PROVIDE SUPPORT FOR ADULT SYSTEM OF CARE CLIENTS IN THE COUNTY PRIMARY CARE CLINICS SPECIFICALLY. PPH TAY WELLNESS NAVIGATORS PROVIDE PEER SUPPORT FOR MONTEREY COUNTY BEHAVIORAL HEALTH BUREAU AVANZA TRANSITION AGE YOUTH (TAY) CONSUMERS WITH SERIOUS MENTAL ILLNESS/FIRST EPISODE PSYCHOSIS WHO ARE IN NEED OF

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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BEHAVIORAL HEALTH SERVICES AND SUPPORTS; THIS EXPANSION UTILIZES THE COORDINATED SPECIALTY CARE ("CSC") MODEL.

EXPENSES \$ 667,173. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DUAL RECOVERY SERVICES KEEP IT REAL - IS AN OUTPATIENT PROGRAM FOR ADULTS WITH CO-OCCURRING SERIOUS MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. THE GOAL IS TO HELP CLIENTS DEVELOP THE DUAL RECOVERY SKILLS NECESSARY TO ADJUST TO COMMUNITY LIVING AND/OR MAINTAIN HOUSING, AS WELL AS SUCCESSFUL COMMUNITY INTEGRATION.

EXPENSES \$ 578,311. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SEES VOCATIONAL, IN CONJUNCTION WITH DEPARTMENT OF REHABILITATION (DOR), PREPARES AND ASSISTS ADULTS WITH PSYCHIATRIC DISABILITY TO OBTAIN AND MAINTAIN MEANINGFUL EMPLOYMENT. THE SEES PROGRAM PROVIDES CONSUMERS THE OPPORTUNITIES TO EXPLORE JOB READINESS AND FINANCIAL CONSIDERATIONS. SERVICES INCLUDE CAREER COACHING, RESUME BUILDING, INTERVIEWING PRACTICE, AND STRATEGIES FOR CREATING OPEN COMMUNICATION WITH EMPLOYERS AND COWORKERS.

EXPENSES \$ 541,157. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUNFLOWER HOUSING, LLC AND SUNFLOWER GARDENS IS AN INTENSIVE PERMANENT AND TRANSITIONAL SUPPORTIVE HOUSING PROGRAM, WHICH PROVIDES A FULL-SERVICE PARTNERSHIP (FSP) LEVEL OF SERVICES TO 23 VERY LOW-INCOME INDIVIDUALS WITH A SERIOUS MENTAL HEALTH DIAGNOSIS, ALL OF WHOM ARE HOMELESS OR AT HIGH RISK OF HOMELESSNESS. ALL CLIENTS ARE IN NEED OF INTENSIVE CASE MANAGEMENT, MEDICATION SUPPORT, AND ASSISTANCE WITH DAILY LIVING SKILLS IN ORDER TO LIVE INDEPENDENTLY.

EXPENSES \$ 963,680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 115,549.

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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MEDICATION SUPPORT SERVICES ARE PROVIDED BY AN INTERIM PSYCHIATRIST, REGISTERED NURSE, CERTIFIED NURSE SPECIALIST, LICENSED VOCATIONAL NURSE, NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR PSYCHIATRIC TECHNICIAN. THIS SERVICE ALLOWS CONSUMERS TO TAKE AN ACTIVE ROLE IN MAKING CHOICES ABOUT THEIR MENTAL HEALTH CARE AND HELPS THEM MAKE SPECIFIC, DELIBERATE, AND INFORMED DECISIONS ABOUT THEIR TREATMENT OPTIONS AND MENTAL HEALTH CARE.

EXPENSES \$ 446,278. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE WELLNESS & RECOVERY ACADEMY IS A DAY REHABILITATION PROGRAM, SERVING CONSUMERS WITH SERIOUS MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. PROGRAM SERVICES INCLUDE SKILLS BUILDING GROUPS, GROUP THERAPY, COMMUNITY MEETINGS, PROCESS GROUPS, THERAPEUTIC MILIEU, SERVICE PLAN DEVELOPMENT, COMMUNITY OUTINGS, AND ADJUNCTIVE THERAPIES.

EXPENSES \$ 404,088. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LUPINE GARDENS HOUSING PROVIDES A FULL-SERVICE PARTNERSHIP (FSP) LEVEL OF SERVICE AND PERMANENT HOUSING FOR INDIVIDUALS DIAGNOSED WITH A SERIOUS MENTAL ILLNESS, ALL OF WHOM ARE HOMELESS OR AT RISK OF HOMELESSNESS. ALL CLIENTS ARE IN NEED OF INTENSIVE CASE MANAGEMENT, MEDICATION SUPPORT, AND ASSISTANCE WITH DAILY LIVING SKILLS IN ORDER TO LIVE INDEPENDENTLY.

EXPENSES \$ 369,974. INCLUDING GRANTS OF \$ 0. REVENUE \$ 23,652.

WORKFORCE EDUCATION & TRAINING (WET) PROMOTES SUCCESSFUL EMPLOYMENT OF CONSUMERS AND FAMILY MEMBERS IN THE PUBLIC MENTAL HEALTH SYSTEM IN MONTEREY COUNTY. THE PROGRAM PROVIDES OUTREACH, RECRUITMENT, EMPLOYMENT

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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SUPPORT SERVICES, JOB ANALYSIS, TRAINING, AND JOB COACHING FOR MENTAL HEALTH CONSUMERS OR FAMILY MEMBERS TO PROMOTE A DIVERSE AND STABLE MENTAL HEALTH WORKFORCE, AND COLLABORATION WITH COMMUNITY.
EXPENSES \$ 169,089. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ROCKROSE GARDENS IS A PERMANENT SUPPORTIVE HOUSING PROGRAM, PROVIDING HOUSING TO 20 VERY LOW-INCOME INDIVIDUALS WITH A SERIOUS MENTAL HEALTH DIAGNOSIS, 9 OF THESE INDIVIDUALS ARE HOMELESS OR AT-RISK OF HOMELESSNESS. THE PROGRAM PROVIDES CASE MANAGEMENT, AND MENTAL HEALTH SERVICES FOR RESIDENTS FOR COMMUNITY INDEPENDENT LIVING.
EXPENSES \$ 154,474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OUTREACH AND AFTERCARE PROGRAM PROVIDES OUTREACH SERVICES TO ADULTS WITH CO-OCCURRING SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS LIVING IN THE COMMUNITY WHO ARE AT RISK AND/OR IN NEED OF DUAL RECOVERY OR OTHER SUBSTANCE USE TREATMENT PROGRAM. THE INDIVIDUALS ARE NOT RECEIVING SERVICES FROM THE MONTEREY COUNTY HEALTH CARE SYSTEM. THE PROGRAM AIMS TO ASSIST CLIENTS WITH DEVELOPING THE RECOVERY SKILLS NECESSARY TO MAINTAIN SUCCESSFUL COMMUNITY INTEGRATION AND HOUSING IN THE COMMUNITY.
EXPENSES \$ 93,298. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SIERRA HEALTH COVID-19 MITIGATION GRANT IS A PASS-THROUGH FEDERAL GRANT TO SUPPORT INTERIM CLIENTS AND STAFF IN ADDRESSING COVID RELATED NEEDS SUCH AS THE PURCHASE OF COVID-19 TESTS, PPE, AND THE TIME OF THE HEALTH & SAFETY OFFICER TO IMPLEMENT AND RUN A COVID EDUCATION AND SAFETY PROGRAM
EXPENSES \$ 74,865. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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PRIVATE PAY INCLUDES BOARD DESIGNATED DONATIONS AND OTHER PRIVATE DONATIONS TO EXPAND SERVICES TO CLIENTS WHO HAVE COMMERCIAL HEALTH INSURANCE AND WHO ARE NOT PART OF THE COUNTY OF MONTEREY MENTAL HEALTH SYSTEM IN ORDER TO ENSURE THAT ALL IN OUR COMMUNITY HAVE ACCESS TO MENTAL HEALTH SERVICES.

EXPENSES \$ 43,112. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING MANAGEMENT PROVIDES HOUSING SUPPORT TO ALL CLIENTS AT INTERIM PROPERTIES AND 6 ENTITIES - CATALYST HOUSING INC.; MARIPOSA HOUSING INC.; DELA VINA HOUSING INC.; LUPINE HOUSING INC.; ROCKROSE CORPORATION; AND SUNFLOWER HOUSING LLC.

EXPENSES \$ 887,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 883,102.

SUN ROSE HOUSING, LLC, WHICH IS STILL UNDER CONSTRUCTION (AS OF JUNE 2023), IS AN INTENSIVE PERMANENT AND TRANSITIONAL SUPPORTIVE HOUSING PROGRAM, WHICH PROVIDES A FULL-SERVICE PARTNERSHIP (FSP) LEVEL OF SERVICES TO 17 VERY LOW-INCOME INDIVIDUALS WITH A SERIOUS MENTAL HEALTH DIAGNOSIS, ALL OF WHOM ARE HOMELESS OR AT HIGH RISK OF HOMELESSNESS.

ALL CLIENTS ARE IN NEED OF INTENSIVE CASE MANAGEMENT, MEDICATION SUPPORT, AND ASSISTANCE WITH DAILY LIVING SKILLS IN ORDER TO LIVE INDEPENDENTLY. THE PROPERTY WAS PLACED IN SERVICE ON SEPTEMBER 13, 2023.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE BEEN GRANTED AUTHORITY TO ACT ON BEHALF OF THE BOARD.

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAVE THE RESPONSIBILITY FOR REVIEWING THE FORM 990, INCLUDING SCHEDULES, BEFORE IT IS FILED WITH THE IRS.

FORM 990 IS PREPARED BY ACCOUNTANT II AND REVIEWED BY DIRECTOR OF FINANCE. THEN THE REVIEWED FORM 990 DRAFT IS SENT TO THE INDEPENDENT OUTSIDE AUDITORS FOR THEIR REVIEW. THE BOARD RECEIVES THE REVIEWED FORM 990 DRAFT ELECTRONICALLY TWO WEEKS PRIOR TO THE FILING DEADLINE. AFTER THE FORM 990 IS REVIEWED BY THE BOARD, THE INDEPENDENT OUTSIDE AUDITORS E-FILE THE FORM 990.

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

THE BOARD OF DIRECTORS COMPLETE AN ANNUAL CONFLICT OF INTEREST SUMMARY. IF ANY CONFLICTS ARISE, THEY WILL BE RESOLVED QUICKLY.

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

INTERIM INC., THE PARENT COMPANY, ANNUALLY REVIEWS SALARY SCHEDULES TO DETERMINE WHETHER AN OVERALL SALARY INCREASE IS WARRANTED FOR ALL STAFF. DATA IS COLLECTED FROM VARIOUS SOURCES, USING POSITION COMPARISON AND JOB MATCHING TECHNIQUES. WE SEEK DATA FROM MULTIPLE SOURCES, INCLUDING MONTEREY COUNTY BEHAVIORAL HEALTH, CALIFORNIA ASSOCIATION OF SOCIAL REHABILITATION AGENCIES, THE NORTHERN CALIFORNIA NONPROFIT ANNUAL SURVEY, AND PRIVATE SALARY SURVEY COMPANIES WHEN APPROPRIATE (SUCH AS ABBOTT, LANGER & ASSOCIATES). ALL COMPARATIVE INFORMATION IS PRESENTED TO THE PROGRAM & PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW. THE HR DEPARTMENT RECOMMENDS CHANGES TO THE SALARY SCHEDULES IF WARRANTED TO THE ENTIRE BOARD.

Name of the organization INTERIM, INC.	Employer identification number 51-0159122
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WHEN THERE IS NO STEP SCHEDULE CHANGE, THE ONLY SALARY INCREASES RESULT FROM THE EMPLOYEE RECEIVING AN ANNUAL PERFORMANCE REVIEW THAT WARRANTS MOVING TO THE NEXT STEP ON THE SALARY SCHEDULE, UP TO A 4.5% INCREASE OVER THE PREVIOUS STEP.

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

INTERIM POSTS THE CONTACT INFORMATION FOR REQUESTS FROM THE PUBLIC ON ITS WEBSITE TO BE MADE FOR THE FOLLOWING FINANCIAL DOCUMENTS: CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 1023 EXEMPT APPLICATION. A COPY OF 990 IS AVAILABLE ON INTERIM WEBSITE.

FORM 990 PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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**

Name of the organization **INTERIM, INC.** Employer identification number **51-0159122**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SUNFLOWER HOUSING, LLC - 80-0353592 PO BOX 3222 MONTEREY, CA 93942	HSG FOR VERY LOW INCOME/MENTALLY ILL INDIVIDUALS	CALIFORNIA	239,036.	3,664,400.	INTERIM INC.
SUN ROSE HOUSING LLC - 85-3907582 PO BOX 3222 MONTEREY, CA 93942	HSG FOR VERY LOW INCOME/MENTALLY ILL INDIVIDUALS	CALIFORNIA		68,000.	INTERIM INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CATALYST HOUSING INC. - 77-0154887 PO BOX 3222 MONTEREY, CA 93942	HOUSING FOR VERY LOW INCOME/MENTALLY ILL INDIVIDUALS	CALIFORNIA	501(C)(3)	LINE_7_ORGANI ZATION_THAT_N	N/A		X
MARIPOSA HOUSING INC. - 77-0313172 PO BOX 3222 MONTEREY, CA 93942	HOUSING FOR MENTALLY ILL INDIVIDUALS	CALIFORNIA	501(C)(3)	LINE_7_ORGANI ZATION_THAT_N	N/A		X
LUPINE HOUSING INC. - 65-1215774 PO BOX 3222 MONTEREY, CA 93942	HOUSING FOR VERY LOW INCOME/MENTALLY ILL	CALIFORNIA	501(C)(3)	LINE_7_ORGANI ZATION_THAT_N	N/A		X
DELA VINA HOUSING INC. - 77-0434126 PO BOX 3222 MONTEREY, CA 93942	HOUSING FOR VERY LOW INCOME/MENTALLY ILL	CALIFORNIA	501(C)(3)	LINE_7_ORGANI ZATION_THAT_N	N/A		X

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CATALYST HOUSING INC.	O	120,184.	ALLOCATION
(2) CATALYST HOUSING INC.	Q	25,259.	ALLOCATION
(3) DELA VINA HOUSING INC.	O	131,495.	ALLOCATION
(4) DELA VINA HOUSING INC.	Q	15,397.	ALLOCATION
(5) LUPINE HOUSING INC.	O	154,177.	ALLOCATION
(6) LUPINE HOUSING INC.	Q	59,237.	ALLOCATION

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MARIPOSA HOUSING INC.	O	171,411.	ALLOCATION
(8) MARIPOSA HOUSING INC.	Q	29,077.	ALLOCATION
(9) ROCKROSE HOUSING CORPORATION	O	131,923.	ALLOCATION
(10) ROCKROSE HOUSING CORPORATION	Q	68,643.	ALLOCATION
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

