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Exp enses Revenue	2 3 4 5 6 7 a b 7 a b 7 a b 10 11 12 13 14 15 16 a b 17 18 19 20	Check thi Number of Number of Total num Total num Total unrel Net unrel Net unrel Other rev Total reve Grants an Benefits p Salaries, Professio Total fundra Other exp Total expe Revenue	s box f voting memb f independent ber of individu ber of volunter elated business ated business ated business t ons and grants service revenue nt income (Part enue (Part VIII, nue—add lines d similar amou paid to or for m other compens nal fundraising aising expenses (enses (Part IX, enses. Add line ess expenses.	bers of the voting me uals emplers (esting revenue taxable in s (Part VI e (Part V rt VIII, col , column s 8 throu- unts paid nembers sation, er g fees (Part (Part IX, col , column s 13–17 Subtract e 16)	tion of stigma ne governing nembers of th oyed in caler mate if necess from Part VI ncome from I III, line 1h) III, line 1h) III, line 2g) lumn (A), lines 2, gh 11 (must (A), lines 5, gh 11 (must (Part IX, colu (Part IX, colu nployee bene art IX, column (D), lines 11 (must equal t line 18 from	body (Part VI, ne governing t adar year 202) sary) II, column (C) Form 990-T, P es 3, 4, and 7 6d, 8c, 9c, 10 equal Part VIII umn (A), lines mn (A), line 4 efits (Part IX, colum a - 11d, 11f-2 Part IX, colum a line 12 .	esources, supp line 1a) . body (Part VI, line 2 (Part V, line 2 (Part V, line 1, column (1), 1, column (A), line 2, column (A),	 line 1b) . 2a) 		ior fam i </td <td>or Year 231,8 1,0 4,7 237,0 237,0 129,0 62,5 191,6 46,0 of Current Y 368,5</td> <td>3 4 5 6 7a 7b 375 069 729 0573 059 0503 0513 0583 0513 0569 0569</td> <td>Current</td> <td>6 5 5 4 4 0 323,210 530 11,678 0 335,418 0 0 335,418 0 0 165,755 0 0 165,755 0 0 530 228,987 106,431 Year</td>	or Year 231,8 1,0 4,7 237,0 237,0 129,0 62,5 191,6 46,0 of Current Y 368,5	3 4 5 6 7a 7b 375 069 729 0573 059 0503 0513 0583 0513 0569 0569	Current	6 5 5 4 4 0 323,210 530 11,678 0 335,418 0 0 335,418 0 0 165,755 0 0 165,755 0 0 530 228,987 106,431 Year
Revenue	2 3 4 5 6 7 a b 8 9 10 11 12 13 14 15 16 ; 5 17 18 19 20 21	Check thi Number of Total num Total num Total num Total unrel Net unrel Net unrel Contribut Program s Investme Other rev Total reve Grants an Benefits p Salaries, a Professio Total fundra Other exp Total expe Revenue	s box f voting memb f independent ber of individu ber of volunter lated business ated business ated business t ons and grants service revenue nt income (Par enue (Part VIII, nue—add lines d similar amou vaid to or for m other compens nal fundraising aising expenses (enses (Part IX, enses. Add line ess expenses.	bers of th voting m ials empl ers (estin s revenue taxable in s (Part VI e (Part V rt VIII, col , column s 8 throu- unts paid nembers sation, er g fees (Part Rart IX, col , column es 13–17 Subtract e 16) ine 26)	tion of stigma ne governing nembers of th oyed in caler mate if neces e from Part VI ncome from I III, line 1h) III, line 2g) lumn (A), line (A), lines 2g) lumn (A), line (A), lines 5, gh 11 (must (Part IX, colu nployee bene art IX, column column (D), line (A), lines 11 (must equal t line 18 from	a, access to re body (Part VI, he governing I indar year 202: sary) II, column (C) Form 990-T, Pr es 3, 4, and 7 6d, 8c, 9c, 10 equal Part VIII umn (A), line 4 efits (Part IX, co a - 11d, 11f-2 Part IX, column h line 12 .	esources, supp line 1a) . body (Part VI, I 2 (Part V, line 2 (Part V, line 12 . art I, line 11 d) d) d) color, and 11e) I, column (A), s 1–3) column (A), line column (A), line 2 4e)	 line 1b) . 2a) 		ior fam i </td <td>231,6 231,6 1,0 4,7 237,6 129,0 62,5 191,6 46,0 of Current Y</td> <td>3 4 5 6 7a 7b 375 69 729 729 729 729 73 74 75 769 729 730 731 732 733 734 735 735 736 737 738 739 730 730 731 732 733 734 735 735 736 737 738 739 730 730 731 732 733 734 735 735 736 737 737 <</td> <td>Current</td> <td>6 5 5 4 0 323,210 530 11,678 0 335,418 0 335,418 0 0 165,755 0 0 165,755 0 0 165,755 0 0 165,755 0 7 106,431 Year</td>	231,6 231,6 1,0 4,7 237,6 129,0 62,5 191,6 46,0 of Current Y	3 4 5 6 7a 7b 375 69 729 729 729 729 73 74 75 769 729 730 731 732 733 734 735 735 736 737 738 739 730 730 731 732 733 734 735 735 736 737 738 739 730 730 731 732 733 734 735 735 736 737 737 <	Current	6 5 5 4 0 323,210 530 11,678 0 335,418 0 335,418 0 0 165,755 0 0 165,755 0 0 165,755 0 0 165,755 0 7 106,431 Year

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

	I.										
	Sic	anature of officer			2024-03-27 Date						
Sign					2410						
Here	Jea	anette Camacho Treasurer									
	, IV	pe or print name and title									
Paid	I	Print/Type preparer's name	Preparer's signature	Date	Check if PTI Self-employed	N 1312047					
	oarer	Firm's name 🕨 McGilloway Ray Bro	wn & Kaufman		Firm's EIN 🕨 77-04	60195					
Use	Only	Firm's address > 2511 Garden Road S			Phone no. (831) 373	3-3337					
		Monterey, CA 9394	0								
		uss this return with the preparer sl				🗹 Yes 🗌 No					
For Pa	aperwork	Reduction Act Notice, see the s	eparate instructions.	Cat	. No. 11282Y	Form 990 (2022					
			Page 2								
Form 9	990 (2022))				Page					
Parl	· · ·	atement of Program Service	Accomplishments			Tage					
		eck if Schedule O contains a respor	•	tIII		0					
1		scribe the organization's mission:	,,	-							
		County offers hope and reduction o their loved ones living with mental:									
	covery.		···· · · · · · , · · · · · ·								
2	Did the er	appiration undertake any cignifican	t program convices during the w	ar which were not	listed on						
		ganization undertake any significan orm 990 or 990-EZ?	t program services during the ye	ear which were not	listed on	🗌 Yes 🔽 No					
		escribe these new services on Sche									
				conducts any prog	ram						
	Did the organization cease conducting, or make significant changes in how it conducts, any program Services?										
	If "Yes," describe these changes on Schedule O.										
		he organization's program service a		hree largest progra	am services as meas	ured by expenses					
	Section 50	1(c)(3) and 501(c)(4) organization ue, if any, for each program service	is are required to report the amo								
4a	(Code:) (Expenses \$	178,594 including grants of	\$) (Revenue \$	530)					
	educational effectively v family mem and in Span can work m and senior o	ngual outreach and education on mental in newsletters. Conduct four 6 or 12-week with their loved one's mental illness. Con- bers. Conduct two 10-week educational ish, to build awareness of the stigma ass ore effectively with affected individuals a citizens. Maintain bilingual phone line sup educational resource material upon requi	courses that teach family members a duct ongoing support groups for indivi courses for individuals living with mer sociated with mental illness. Present to nd their families. Expand outreach int port (approximately 500 calls per year	nd care providers the r duals living with ment tal illness. Present edu law enforcement gro o diverse groups atter r) for individuals affect	necessary knowledge an al illness and for care pr ucational information at ups to educate them on npting to reach Spanish ted by mental illness. M	d skills to cope more oviders who have mentally ill community events, in English mental illness and how they speaking community, youth					
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)					
4.0	(Cada)		induding such of	*							
4c	(Code:) (Expenses \$	including grants of	Þ) (Revenue \$)					

4d	Other program services (Describe in Sche (Expenses \$ in	dule O.) cluding grants of \$) (Revenue \$)		
4e	Total program service expenses	178,594) (Revenue \$)		
				F	orm 99	0 (2022
		Page 3				
Form	990 (2022)					Page 3
	t IV Checklist of Required Sched	lules				i uge s
1	Is the organization described in section 50	(1)(2)(3) or 4947(a)(1) (other the	an a private foundation)? If "Yes " comp	lete	Yes Yes	No
-	Schedule A 🗐			1		
2 3	Is the organization required to complete <i>S</i> Did the organization engage in direct or in	,		2	Yes	No
5	for public office? If "Yes," complete Sched			3		NO
4	Section 501(c)(3) organizations. Did to election in effect during the tax year? <i>If "</i>					
5	Is the organization a section $501(c)(4)$, 50			4		No
5	assessments, or similar amounts as define			5		No
6	Did the organization maintain any donor a			right		
	to provide advice on the distribution or inv Schedule D, Part I 🕵	estment of amounts in such fu	nds or accounts? <i>If "Yes," complete</i>	. 6		No
7	Did the organization receive or hold a cont the environment, historic land areas, or hi			7		No
8	Did the organization maintain collections of			. 7		No
U	complete Schedule D, Part III 🗐 🔒 .		· · · ·	_		No
9	Did the organization report an amount in I for amounts not listed in Part X; or provide	e credit <u>co</u> unseling, debt manag	todial account liability; serve as a custod gement, credit repair, or debt negotiation	ian		
	services? If "Yes," complete Schedule D,	Part IV 🧐		9		No
10	Did the organization, directly or through a permanent endowments, or quasi endown			10		No
11	If the organization's answer to any of the or X, as applicable.	following questions is "Yes," the	en complete Schedule D, Parts VI, VII, VI	II, IX,		
а	Did the organization report an amount for <i>Schedule D,</i> Part VI.	land, buildings, and equipment	in Part X, line 10? <i>If "Yes," complete</i>	11a	Yes	
b	Did the organization report an amount for assets reported in Part X, line 16? <i>If "Yes,</i>			s total 11b		No
с	Did the organization report an amount for total assets reported in Part X, line 16? <i>If</i>			s 11c		No
d	Did the organization report an amount for	other assets in Part X, line 15 t	hat is 5% or more of its total assets repo	orted		No
е	in Part X, line 16? <i>If "Yes," complete Sche</i> Did the organization report an amount for	,		11d		NO
	Did the organization's separate or consolic			116		No
	the organization's liability for uncertain tax	x positions under FIN 48 (ASC 7	40)? If "Yes," complete Schedule D, Par	X 🐮 11f		No
12a	Did the organization obtain separate, inde Schedule D, Parts XI and XII 🗐	pendent audited financial stater		e . 12a		No
b	Was the organization included in consolida If "Yes," and if the organization answered	ited, independent audited finant "No" to line 12a, then complete	cial statements for the tax year? ng Schedule D. Parts XI and XII is option	al 📆 12b		No
13	Is the organization a school described in s			13		No
14a	Did the organization maintain an office, er	nployees, or agents outside of t	he United States?	15 14a		No
b	Did the organization have aggregate rever business, investment, and program servic at \$100,000 or more? <i>If "Yes," complete S</i>	e activities outside the United S	tates, or aggregate foreign investments	valued 14b		No
15	Did the organization report on Part IX, colu foreign organization? <i>If "Yes," complete Su</i>	umn (A), line 3, more than \$5,0	100 of grants or other assistance to or for	• any 15		No
16	Did the organization report on Part IX, colu or for foreign individuals? <i>If "Yes," comple</i>	umn (A), line 3, more than \$5,0	000 of aggregate grants or other assistan			No
17	Did the organization report a total of more column (A), lines 6 and 11e? <i>If "Yes," con</i>	e than \$15,000 of expenses for	professional fundraising services on Part			No
18	Did the organization report more than \$15 lines 1c and 8a? If "Yes," complete Schedu	5,000 total of fundraising event	gross income and contributions on Part V	/III, 18		No

112-12-	A and Monetey County - I on I mig- Nonpront Explorer - I for donea	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21

Form 990 (2022)

No No

No

	Page 4			
Form	990 (2022)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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>	26		No
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</i> ,Part III	27		No
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.	20	Yes	

https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

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Pa	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2		
Ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	e gaming 1c	Yes	
		ic	Form 99	0 (2022
				- (
	Page 5			
F	000 (2022)			-
	990 (2022)			Page
	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	1
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of $1,000$ or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ			No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g not tax deductible?	ifts were 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods are provided to the payor?	nd services 7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requir Form 8282?	red to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	0		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		-	No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file 1098-C?	a Form 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by th sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			Ī
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related	perso	n?
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 $\ .$.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders	11a	

- **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
- 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
 - **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.
- 13 Section 501(c)(29) qualified nonprofit health insurance issuers

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9b

12a

11b

12b

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а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17						

Form **990** (2022)

6/29

- ai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	oonse to	
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
_	1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		ſ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		
ŀ	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		I
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		
5	Did the organization have members or stockholders?	6		
'a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	- Code	-)	
-			Yes	
				-
a	Did the organization have local chapters, branches, or affiliates?	10a		
	Did the organization have local chapters, branches, or affiliates?	10a 10b		
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a		
b a b a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10b	Yes	
b a b a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .	10b 11a		
b a b a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	10b 11a 12a	Yes	
b a b a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a 12a 12b	Yes Yes	
b La b 2a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	10b 11a 12a 12b 12c	Yes Yes Yes	

	, 11:18 AM			5 5		0	-		Explorer - ProPublica	a		
	The organization's CEO, Executive Directo		-		• •	•	•	•		15a		NO
b	Other officers or key employees of the org	-			• •	• •	• •	·		15b	Yes	
_	If "Yes" to line 15a or 15b, describe the p											
	Did the organization invest in, contribute taxable entity during the year?	· • • • •			•	•	•	•		. 16a		No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appl status with respect to such arrangements	icable federal ta	ax law,	and take step	s to	safe	eguard					
			· ·			•	•			16b		
	ction C. Disclosure											
17	List the states with which a copy of this F	orm 990 is requ	lired to	o de filed P	CA							
18	Section 6104 requires an organization to $501(c)(3)s$ only) available for public inspe									ction		
	🗌 Own website 🛛 Another's website	-		-	-				-			
19	Describe in Schedule O whether (and if so policy, and financial statements available				overr	ning	docur	men	ts, conflict of intere	est		
20	State the name, address, and telephone r	•			s the	e org	janiza	tion	's books and record	ls:		
	▶ Jeanette Camacho 152 W Gabilan Stree	t Salinas, CA	93901	l (831) 422-62	264							(2222)
										F	orm 99 0) (2022)
				Page 7 —								
				ruge /								
Form	990 (2022)											Page 7
Par	Compensation of Officers, I		ustee	s, Key Emp	loye	ees	, Hig	hes	st Compensated	l Employee	s,	
	and Independent Contracto											\Box
	Check if Schedule O contains a res ction A. Officers, Directors, Trusto											\cup
	omplete this table for all persons required t			· · · · · · · · · · · · · · · · · · ·							nization'	s tax
year.				•					-	-	120001	5 tux
	List all of the organization's current officen npensation. Enter -0- in columns (D), (E),					als o	r orga	niza	ations), regardless o	of amount		
	ist all of the organization's current key en	. ,	•			defi	inition	of '	'key employee."			
• L	ist the organization's five current highest	compensated e	mploy	ees (other tha	n an	offi	cer, di	rect	or, trustee or key e			
	eceived reportable compensation (box 5 of	f Form W-2, box	x 6 of	Form 1099-MI	SC, a	and/	or bo	x 1 (of Form 1099-NEC)	of more than	\$100,0	00 from
	ganization and any related organizations. ist all of the organization's former officers	kev employee	s or h	nighest comper	isate	od o	mnlov	665	who received more	than \$100 0	00	
	ortable compensation from the organization				15010	u e	mpioy	663	who received more		00	
	ist all of the organization's former directo									stee of the		
5	ization, more than \$10,000 of reportable on the instructions for the order in which to listing the instructions for the order in which to listing the instructions for the order in which to listing the instructions for the order in which to listing the instructions for the order in which to listing the instructions for the order in which to listing the instructions for the order in which the order is the order in which the order is the order in the order in the order in the order in the order is the order in the order in the order is the order in the order in the order in the order is the order in the order in the order in the order is the order in the order in the order in the order is the order in the order in the order is the order in			e organization	and	any	relate	ea o	rganizations.			
	Check this box if neither the organization n			ation company	ato	d an						
<u> </u>			Ji yaniz	ation compens	saleu			ont		tructoo		
	(A)			(0)			/ 0011	ent				=)
	Name and title	(B) Average	Pos	(C) ition (do not cl)				(D)	trustee. (E) Reportable		F) nated
	Name and title	Average hours per	one	ition (do not cl box, unless pe) heck ersor	mo n is	re tha both a	n	(D) Reportable compensation	(E) Reportable ompensation	Estin amou	nated unt of
	Name and title	Average hours per week (list	one of	ition (do not cl) heck ersor ector	mo n is r/tru	re tha both a ıstee)	in an	(D) Reportable compensation cc from the fr organization of	(E) Reportable	Estin amou otl	nated
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	Name and title	Average hours per week (list	one of or direc	ition (do not cl box, unless pe) heck ersor ector	mo n is r/tru	re tha both a ıstee)	n	(D) Reportable compensation from the organization (W-2/1099- ()	(E) Reportable ompensation rom related rganizations	Estin amou otl compe fron organ	nated unt of ner nsation
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	Name and title	Average hours per week (list	one of or director	ition (do not cl box, unless pe ficer and a dire Institutional) heck ersor ector	mo n is r/tru	re tha a both a	in an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-	(E) Reportable ompensation rom related rganizations (W-2/1099- MISC/1099-	Estin amou otl compe fron organ and r	nated unt of ner nsation n the ization elated
		Average hours per week (list any hours for related organizations below dotted line)	one of Individual trustee or director	ition (do not cl box, unless pe ficer and a dire Institutional) heck ersor ector	mo n is r/tru	re tha both a ıstee)	in an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-	(E) Reportable ompensation rom related rganizations (W-2/1099- MISC/1099-	Estin amou otl compe fron organ and r	nated unt of ner nsation n the ization elated
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Treasu (2) Joo Presid (3) Cy Co-See (4) An Directo	anette Camacho irer e Livernois ent nthia Laurance cretary drea Boutelle or net Martinez	Average hours per week (list any hours for related organizations below dotted line) 2.00 0.00 2.00 0.00 2.00 0.00 2.00	one of Individual trustee x x x x x x	ition (do not cl box, unless pe ficer and a dire Institutional	x x	mo n is r/tru	re tha a both a	in an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)cc fr outbound outbound (W15,840000	(E) Reportable ompensation rom related rganizations (W-2/1099- NISC/1099- NEC) 0	Estin amou otl compe from organ and r organi	orated unt of ner insation ithe ization elated zations 0 0
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) on (do not cheo unless person i and a directo Institutional Trustee;	ck m s bo r/tru	oth a ustee	n offic e)	er Former	(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
1b Sub-Total	·					•		·		
c Total from continuation sheet	s to Part VII, S	ection	Α			•				
d Total (add lines 1b and 1c) .						•		15,840		

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 ► 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes " complete Schedule 1 for such individual

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Yes

No

4/24, 11:18 AM		erey County - Full Filin	g- Nonprofit Explorer	ProPublica	3	No
For any individual listed on line 1a, is the sum organization and related organizations greater individual	of reportable cor than \$150,000?	npensation and othe If "Yes," complete S	r compensation fron chedule J for such	n the	4	No
Did any person listed on line 1a receive or acc services rendered to the organization?If "Yes, '			-		5	No
Section B. Independent Contractors					5	110
. Complete this table for your five highest comp					pensation	
from the organization. Report compensation fo (A)	or the calendar ye	ear ending with or wi	thin the organization	n's tax year. (B)		(C)
Name and busine	ss address		Desc	ription of services	Com	pensation
Total number of independent contractors (includi	ng but not limite	d to those listed abo	ve) who received me	ore than \$100,000) of	
compensation from the organization \blacktriangleright 0					Form	990 (202
		Page 9				
rm 990 (2022)						Page
Part VIII Statement of Revenue						ruge
Check if Schedule O contains a respo	nse or note to an	y line in this Part VIII				. 🗆
		(A) Total revenue	(B) Related or	(C) Unrelated		(D) venue
		lotarrevenue	exempt	business	exclu	ded from
			function revenue	revenue		er sectior 2 - 514
Federated campaigns 1a						
Intributions,						
Membership dues 1b						
herAmt milar						
Rounds 1c						
d Related organizations 1d						
e Government grants (contributions) 1e						
Government grants (contributions)						
f All other contributions, gifts, grants,						
and similar amounts not included 1f						
123,210						
g Noncash contributions included in						
lines 1a - 1f:\$ 1g						
h Total. Add lines 1a-1f	▶ 323,210					
	Business Code					
2a Membership Dues & Assessments	624100	530	530			
e						
Li o						
ice.						
Program Service Revenue						
E					_	
5						
й —						
f All other program service revenue.						
9 Total. Add lines 2a–2f	530					
3 Investment income (including dividends, inter similar amounts)	est, and other	11,678				11,6

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4/24, 11:18 AM 4 Income from inves	stment or	lax-exempt bon		rey County - Full Film	ig- Nonpront Explorer	1
5 Royalties			· · •	0		
		(i) Real	(ii) Personal			
62 Cross roots						
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental incom	ne or (loss)	· · · •	0		
		i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a					
Less: cost or other basis and sales expenses Gain or (loss) d Net gain or (loss	7b					
Gain or (loss)	7c					
d Net gain or (loss	s) <mark></mark>			0		
 a Gross income from (not including \$ contributions report See Part IV, line 18 b Less: direct expect c Net income or (log) 	ed on line 1	of c). 8a 8b	ts	0		
9a Gross income fron See Part IV, line 1 b Less: direct expe c Net income or (lo	9	· 9a 9b		0		
			· · · •			
10a Gross sales of inv returns and allow	ventory, le vances	ss 10a				
b Less: cost of goo	ds sold					
c Net income or (lo	ss) from	ales of inventor	v 🕨	0		
11a		L	Business Code			
ь						
ther Revenue MiscAmt						
d All other revenue						
e Total. Add lines		· · · · ·			<u> </u>	
		ationa		0		
12 Total revenue.	see instru	cuons	🕨	335,418	530	11,678

Form 990 (2022)

Form 990 ((2022)				Page 10		
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 a	ny line in this Part IX			🗆		
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21	0					
2 Grants and other assistance to domestic individuals. See Part IV, line 22		0					
dome 2 Grant	stic governments. See Part IV, line 21	0					

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3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	15,840	7,920	7,920	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	121,868	106,326	15,542	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	15,419	13,241	2,178	
10	Payroll taxes	12,628	10,659	1,969	
11	Fees for services (non-employees):				
a	Management	0			
t) Legal	0			
c	Accounting	9,195	4,597	4,598	
c	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	707		707	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	953	226	727	
12	Advertising and promotion	2,573	2,403	170	
13	Office expenses	6,917	4,231	2,686	
14	Information technology	0			
15	Royalties	0			
	Occupancy	22,148	17,871	4,277	
	Travel	375	271	104	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,259	573	686	
20	Interest	0			
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	395		395	
	Insurance	2,795		2,795	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Educational Materials	8,789	8,541	248	
	b Dues and memberships	2,415	5	2,410	
	c Printing & Postage	1,854	1,730	124	
	d Maintenance	1,517		1,517	
	e All other expenses	1,340		1,340	
25	Total functional expenses. Add lines 1 through 24e	228,987	178,594	50,393	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

	Page 11 Page 11			
orm 990 ((2022)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX $\ .$			🗆
		(A) Beginning of year		(B) End of year
1	Cach non-interact-hearing	52 889	1	78 893
<i></i>				

https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

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	2	Savings and temporary cash investments		44.401	2	116,008
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		36,915	4	33,333
	5	Loans and other receivables from any current of		,	-	
		trustee, key employee, creator or founder, sub- controlled entity or family member of any of th	ntributor, or 35%	5	0	
	6	Loans and other receivables from other disqual section $4958(f)(1)$, and persons described in s		6	0	
ŝ	7	Notes and loans receivable, net			7	0
ssets	8	Inventories for sale or use			8	0
SS	9	Prepaid expenses and deferred charges			9	0
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	16,050		
	b	Less: accumulated depreciation	10b	13,635 127	10c	2,415
	11	Investments—publicly traded securities	L	232,787	11	226,969
	12	Investments-other securities. See Part IV, line	11 .		12	0
	13	Investments-program-related. See Part IV, lin	e 11 .		13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11	1,450	15	1,450	
	16	Total assets. Add lines 1 through 15 (must ed	3)	16	459,068	
	17	Accounts payable and accrued expenses	. 12,386	17	2,271	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
s	21	Escrow or custodial account liability. Complete	Part IV	Schedule D	21	
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contr or family member of any of these persons	35% controlled entity			
Lia	~~			22		
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	4).	o related third parties,	25	
	26	Total liabilities. Add lines 17 through 25 .		12,386	26	2,271
ces		Organizations that follow FASB ASC 958, c complete lines 27, 28, 32, and 33.	heck h	e 🕨 🗹 and		
lan	27	Net assets without donor restrictions		356,183	27	456,797
d Ba	28	Net assets with donor restrictions			28	
Assets or Fund Balan		Organizations that do not follow FASB ASC complete lines 29 through 33.	-			
0	29	Capital stock or trust principal, or current funds			29	
ete	30	Paid-in or capital surplus, or land, building or e			30	
Ass	31	Retained earnings, endowment, accumulated in	icome,		31	
Net /	32	Total net assets or fund balances	• •		32	456,797
ž	33	Total liabilities and net assets/fund balances		368,569	33	459,068

— Page 12 —

Form	990 (2022)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	335,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	228,987
3	Revenue less expenses. Subtract line 2 from line 1	3	106,431
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	356,183
5	Net unrealized gains (losses) on investments	5	-5,817
6	Donated services and use of facilities	6	
7	Investment expenses	7	
https://	projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full		

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8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			456,797
Pa	t 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: Cash Z Accrual 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	oasis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
с	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	Jule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
				orm 99	0 (2022)

Form 990 (2022)

Additional Data

Return to Form

1

 Software ID:
 22015553

 Software Version:
 2022v5.0

Form 990, Special Condition Description:

Constal Condition Description

efile	e Pub	ic Visual	Render	ObjectId: 2	20244087934930	1334 - Submi	ssion: 2024-(03-27	TIN: 77-0077138			
		JLE A		Public	Charity Statu	s and Pub	olic Suppo	ort	OMB No. 1545-0047			
(Form	,	Trocourt	Cor		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.							
	Revenue	Treasury Service	►	Go to <u>www.irs</u>	Attach to Form 9 <u>agov/Form990</u> for in		rmation.	Open to Public Inspection				
		e organiza	tion					Employer identif				
Nami M	ionterey	County						77-0077138				
Par The or					us (All organization e it is: (For lines 1 thro			ee instructions.				
1	5				ssociation of churches	5 ,	, ,	(A)(i).				
2	\cup				1)(A)(ii). (Attach Sch							
3	\square	A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(i	ii).				
4				anization operat	ed in conjunction with	a hospital descri	bed in section 1	.70(b)(1)(A)(iii).	Enter the hospital's			
		name, city,	and state:									
5				d for the benefi mplete Part II.	t of a college or univer)	rsity owned or op	perated by a gove	ernmental unit desc	ribed in section			
6				-	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).				
7				rmally receives (vi). (Complete		s support from a	governmental u	nit or from the gene	eral public described in			
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)					
9									llege or university or a			
10	\square	An organiz	ation that no	rmally receives:	ee instructions. Enter (1) more than $33_{1/3}$ %	of its support fr	om contributions	s, membership fees,	and gross receipts			
		investment	income and	unrelated busin	nctions—subject to cer ness taxable income (le pmplete Part III.)	tain exceptions, a ess section 511 ta	and (2) no more ax) from busines	than 33 1/3% of its ses acquired by the	support from gross organization after June			
11	\Box	An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509((a)(4).				
12	\bigcirc	more publi	cly supported	l organizations		09(a)(1) or see	tion 509(a)(2)	. See section 509	he purposes of one or (a)(3). Check the box			
а		Type I. A sorganization	supporting or on(s) the pow	ganization oper	ated, supervised, or compoint or elect a majo	ontrolled by its s	upported organiz	ation(s), typically b	y giving the supported			
b		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar							
с	\square	Type III f	unctionally	integrated. A	supporting organizatio ions). You must com				rated with, its			
d		Type III r functionally	on-function integrated.	nally integrate The organizatio	d. A supporting organi n generally must satis	ization operated fy a distribution i	in connection wit requirement and	h its supported org	anization(s) that is not quirement (see			
e		Check this	box if the or	ganization recei	rt IV, Sections A and ved a written determir	nation from the II		oe I, Type II, Type I	II functionally			
f					integrated supporting							
	Provid	e the follov	ving informat	ion about the su	upported organization(s).						
		ame of supporganization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)				
						Yes	No					
									+			
Total		_						-				
		ork Reduc r 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	F	Schedul	e A (Form 990) 2022			
					Pa	ge 2						
		Form 990)		- for 0	ntions Described	in Continue 4	70/6\/4\/*	(b) and 170/1)	Page 2			
Par	t II	(Compl	ete only if y	ou checked t	zations Described ne box on line 5, 7, ify under the tests l	or 8 of Part I o	or if the organiz	zation failed to qu	(1)(A)(vi) Ialify under Part III.			
	ction	A. Public	Support	· · ·				i				
			org/nonprofits/	organizations/770	077138/20244087934930)1334/full	•	•				

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	r 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	246,124	227,776	163,145	232,944	323,750	1,193,739
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						0
~	to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	246,124	227,776	163,145	232,944	323,750	1,193,739
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						100,042
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						1,093,697
	Section B. Total Support						
	llendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	246,124	227,776	163,145	232,944	323,750	1,193,739
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business	5,887	4,254	3,651	4,729	11,678	30,199
9	activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11	Total support. Add lines 7 through 10						1,223,938
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					► 🗆	
	Section C. Computation of Public		-				
14	Public support percentage for 2022 (line					14	89.360 %
15						15	89.380 %
16	33 1/3% support test—2022. If the c						
ł	and stop here. The organization qualif 33 1/3% support test—2021. If the	organization did	not check a box or	n line 13 or 16a, a	and line 15 is 33 $_{1/}$	3% or more, chec	< this
17;	box and stop here. The organization a 10%-facts-and-circumstances test - and if the organization meets the "facts	-2022. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
ŀ	meets the "facts-and-circumstances" te 10%-facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circu	umstances" test, c	heck this box and	stop here. Expla	in in Part VI how f	he organization
	meets the "facts-and-circumstances" t						🕨 🗆
18	_						
	instructions			<u></u>			F 🗆
							0
			Page 3				
			5 - 0				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule fo	r Organizatio	ne Described i	n Section E00/	(2)(2)		Page 3
	(Complete only if you					d to qualify und	er Part II. If
	the organization fails t						
	Section A. Public Support						1
	lendar year r 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						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	1		1	1		
3			1				
	not an unrelated trade or business						

4 Tax revenues levied for the organization's benefit and either paid

	to or expended on its benair	i turi		I un Fining Fromp			ī		
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5						_		
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b Public support. (Subtract line 7c						_		
8	from line 6.)								
Se	ction B. Total Support								
-	ndar year	(-) 2010	(1-) 2010	(-) 2020	(1) 2021	(-) 2022	(6)	Tabal	
	iscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	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.								
с	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								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.).								
14	First 5 years. If the Form 990 is for the	-			-		-		
	this box and stop here								
Se	ction C. Computation of Public					<u> </u>			
15	Public support percentage for 2022 (lin		-			15			
15 16	Public support percentage for 2022 (lin Public support percentage from 2021 S		-			15 16			
16	Public support percentage from 2021 S ction D. Computation of Investi	Schedule A, Part II ment Income	II, line 15			_			
16	Public support percentage from 2021 S	Schedule A, Part II ment Income	II, line 15			_			
16 Se	Public support percentage from 2021 S ction D. Computation of Investi	Schedule A, Part II ment Income 22 (line 10c, colur	II, line 15 Percentage nn (f) divided by	line 13, column (f	· · · · · · · · · · · · · · · · · · ·	16			
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A,	II, line 15	line 13, column (f	· · · · · · · · · · · · · · · · · · ·	16 17 18	ne 17	is not	
16 Se 17 18	Public support percentage from 2021 S ction D. Computation of Investure Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n	II, line 15 Percentage mn (f) divided by Part III, line 17 . ot check the box	line 13, column (f))	16 17 18 33 1/3%, and l		_	
16 Se 17 18 19a	Public support percentage from 2021 S ction D. Computation of Investment Investment income percentage for 202 Investment income percentage from 2	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o	II, line 15 Percentage nn (f) divided by Part III, line 17 . not check the box organization quali	line 13, column (f)))) ne 15 is more thar supported organiz	16 17 18 133 1/3%, and li ation			18 is
16 Se 17 18 19a	Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The c organization did	II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column (f on line 14, and lir fies as a publicly s on line 14 or line 1))	16 17 18 133 1/3%, and li ation more than 33 1	 /3% ai	hd line	18 is
16 Se 17 18 19a	Public support percentage from 2021 S ction D. Computation of Investur Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization	 /3% aı	nd line	18 is
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Investi Investment income percentage for 202 Investment income percentage from 21 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization	 /3% aı ∎	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Investur Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	 /3% aı ∎	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Investur Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of the organization of box on line 14, 1	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	 /3% aı ∎	nd line	
16 Se 17 18 19a b	Public support percentage from 2021 S ction D. Computation of Investur Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	 /3% aı ∎	nd line	
16 Se 17 18 19a b 20	Public support percentage from 2021 S ction D. Computation of Investr Investment income percentage for 202 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests-2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	Schedule A, Part II ment Income 22 (line 10c, colur 021 Schedule A, organization did n stop here. The o organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box organization quali not check a box of the organization of box on line 14, 1	line 13, column (f))	16 17 18 133 1/3%, and li ation more than 33 1 anization instructions	 /3% aı ∎	nd line	
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c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).

	amendment to the organizing document).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone oth than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantia contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
_		8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"		
	provide detail in Part VI.	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
		9b	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets		
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
		10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
		TOD	

Schedule A (Form 990) 2022

4a

4b

4c

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Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)						
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	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?	11a				
b	A family member of a person described on 11a above?	11b				
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				
	VI.					

Section B. Type I Supporting Organizations

Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No,"
describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's
activities. If the organization had more than one supported organization, describe how the powers to appoint and/or
emove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any
applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Yes No

Yes

No

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Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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

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):
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below. \square
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С \square

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? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a **b** Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 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? If "Yes" or "No", provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

Зb Schedule A (Form 990) 2022

2b

3a

Yes

No

1

Schedule A (Form 990) 2022

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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):	1		
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			

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(explain in detail in **Part VI**).

https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

		_	1 1
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 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	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

Page 7

-

Schedule A (Form 990) 2022				Page 7
Part V Type III Non-Functionally Integrate Section D - Distributions	d 509(a)(3) Supporting	Organizations (co	ontinued) Current Year
 Amounts paid to supported organizations to accomplis 	h avampt nurnasas		1	
	· · ·		-	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	i organizations, in	2	
3 Administrative expenses paid to accomplish exempt p	urposes of supported organizati	ions	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instruct	ions		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	which the organization is respon	sive (<i>provide</i>	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) Underdistributic Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). 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 e	_			
g Applied to underdistributions of prior yearsh 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:				
 Applied to underdistributions of prior years 				
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. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . 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)

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).

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

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Additional Data

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efile Public Visual Rend	er Objectld: 202440879349301334 - Submission: 2024-03-27		TIN: 77-0077138
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 		2022
Name of the organization Nami Monterey County		Employer id	lentification number
		77-0077138	
Organization type (chec	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation	
	527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ation	
	\Box 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Name of organization

https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

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Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)		Page 3
Name of or Nami Monte	ganization erey County	Employer identification	n number
		77-0077138	
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

https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

7/24/24, 11:18	8 AM	Nami Monterey Cou	nty - Full Filing- No	onprofit Expl	orer - ProPublica			
-					\$			
(a) No. from Part I	(b) Description of noncash	property given			(c) or estimate) nstructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash		(C) or estimate) hstructions)	(d) Date received				
-					\$			
(a) No. from Part I	(b) Description of noncash	property given			(C) or estimate) hstructions)	(d) Date received		
-					\$			
(a) No. from Part I	(b) Description of noncash	property given			(C) or estimate) hstructions)	(d) Date received		
-					\$			
(a) No. from Part I	Description of honcash				(C) (d) FMV (or estimate) (See instructions) Date rec			
-					\$			
						Schedule B (Form 990) (2022)		
		Pag	e 4					
	B (Form 990) (2022)					Page 4		
Name of or Nami Mont	rganization erey County				Employer ider 77-0077138	ntification number		
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete e total of <i>exclusiv</i> structions.) > \$	e columns (a) th	rough (e) a	ind the followin	g line entry. For		
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift		(d) Description of how gift is held			
-			ransfer of gift					
-	Transferee's name, address, and	Relationship	ship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift		(d) Description of how gift is held			
-								
	Transferee's name, address, and		ransfer of gift R	Relationship	o of transferor to	o transferee		

(a) https://projects.propublica.org/nonprofits/organizations/770077138/202440879349301334/full

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Part I	(b) Fulpose of yill	(c) use of gift			
	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relation	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
.		(e) Transfer of gift			
	Transferee's name, address, an	d ZIP 4 Relatio	ship of transferor to transferee		

Schedule B (Form 990) (2022)

Additional Data

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 22015553

 Software Version:
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efi	le Public Visua	l Render	ObjectId: 2024408	379349301334 - Submission	: 2024-03-27	7	TIN: 77-0077138	
SCHEDULE D Suppleme			Supplement	ntal Financial Statemo	onte		OMB No. 1545-0047	
(101111990)			Supplemen		2022			
				ganization answered "Yes," on F L0, 11a, 11b, 11c, 11d, 11e, 11f,			2022	
	tment of the Treasury Attach to Form 990.						Open to Public	
-	al Revenue Service me of the organ		o to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions and the late			Inspection ification number	
	mi Monterey County	12411011				-		
			ntaining Danay Advi	sed Funds or Other Similar F		077138		
Po				sed Funds of Other Similar r s" on Form 990, Part IV, line 6.	unus of Acco	ounts.		
	·			(a) Donor advised funds		(b) Funds a	nd other accounts	
1								
2			ns to (during year)					
3	Aggregate value	-						
4			·					
5				rs in writing that the assets held in clusive legal control?		unds are the	e 🗌 Yes 🗌 No	
6	Did the organiza	ation inform al	arantees, donors, and do	onor advisors in writing that grant fu	inds can be use	d only for	U res U no	
-	charitable purpo	oses and not fo	or the benefit of the donor	or donor advisor, or for any other p	urpose conferri		sible	
					• •		🗌 Yes 🗌 No	
Ра		vation Ease		s" on Form 990, Part IV, line 7.				
1				nization (check all that apply).				
		on of land for j	oublic use (e.g., recreation	n or education)	on of an histori	cally import	ant land area	
	\frown	of natural hab			on of a certified	, ,		
	\square	on of open spa						
2				qualified conservation contribution i	n the form of a	conservatio	n	
-	easement on the				[he End of the Year	
а	Total number of	conservation e	easements		2a			
b	Total acreage re	stricted by cor	servation easements		2b			
с				c structure included in (a)				
d			nents included in (c) acqu National Register	ired after July 25, 2006, and not on	a 2d			
3	Number of cons tax year 🕨	ervation easer	nents modified, transferre	ed, released, extinguished, or termin	ated by the org	anization du	iring the	
	·	s whore prop	erty subject to conservation	an accoment is located by				
4			, ,			-		
5	and enforcemen	t of the conse	rvation easements it hold	ne periodic monitoring, inspection, h s?	andling of viola	tions,	Yes 🗌 No	
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of violations, and enf	orcing conserva	tion easeme	ents during the year	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservation e	easements o	luring the year	
8	·	ervation easer	- nent reported on line 2(d)	above satisfy the requirements of s	ection 170(h)(4	I(B)(i)		
							Yes 🗌 No	
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finan				
Par	3	5		of Art, Historical Treasures,	or Other Sin	nilar Asse	ets.	
	Comple	te if the orga	anization answered "Ye	s" on Form 990, Part IV, line 8.				
1a	historical treasu	res, or other s	imilar assets held for pub	SC 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
((i) Revenue included on Form 990, Part VIII, line 1							
2	If the organizati	ion received or	held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the	
а	Revenue included on Form 990, Part VIII, line 1							
b							<u></u>	
For	Paperwork Redu	ction Act No	tice, see the Instructio	ns for Form 990.	Cat. No. 52283	D Sched	ule D (Form 990) 2022	

			— Page 2								
Calca			ruge z								
	dule D (Form 990) 2022 t III Organizations Maintaining Co	llections of A	rt Histori	ical T	roacu	rec o	r Othor	Similar A	scots (cont	inuad)	Page 2
3	Using the organization's acquisition, accessio items (check all that apply):										
а	 Public exhibition 		d		Loan	or exch	ange prog	grams			
b	Scholarly research		е		Other						
с	 Preservation for future generations 										
4	Provide a description of the organization's co	llections and exp	plain how the	ey furtl	her the	e organiz	zation's e	xempt purp	ose in		
5	Part XIII. During the year, did the organization solicit or assets to be sold to raise funds rather than to								🗌 Yes		•
Pai	t IV Escrow and Custodial Arrange Complete if the organization ansuline 21.		n Form 990	, Part	IV, lin	ne 9, or	r reporte	ed an amou			-
1a	Is the organization an agent, trustee, custod										
	included on Form 990, Part X?								🗌 Yes	□ N	0
b	If "Yes," explain the arrangement in Part XII	I and complete t	he following	table:					Amount		_
с	Beginning balance						1c				_
d	Additions during the year						1d				_
е	Distributions during the year \ldots \ldots \ldots						1e				_
f	Ending balance					•	1f				_
2a	Did the organization include an amount on Fe	orm 990, Part X,	line 21, for	escrov	or cu	stodial a	account lia	ability?	🗌 Yes		o
b	If "Yes," explain the arrangement in Part XIII	. Check here if t	he explanati	ion has	s been	provide	d in Part	XIII			
Pa	rt V Endowment Funds.										
	Complete if the organization ans	vered "Yes" or (a) Current ye		, Part Prior yea			vears back		ears back (e)	Fourtheast	
1a	Beginning of year balance	(a) Current ye	ar (D) r	rior yea		(c) 1wo y	rears Dack	(a) three ye	ears Dack (e)	rour yea	IS DACK
	Contributions										<u> </u>
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end ba	lance (line 1	g, colu	mn (a)) held a	is:				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment										
с	Term endowment 🕨										
_	The percentages on lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posse organization by:	ssion of the orga	inization tha	t are h	eld and	d admin	istered fo	or the		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on 3a(ii), are the related organization				?.		• •		. 3b		
4	Describe in Part XIII the intended uses of the	-	endowment	funds.							
Par	t VI Land, Buildings, and Equipme		Earm 000	Davt	TV lim	. 11-	Coo For		rt V line 1	0	
	Complete if the organization answ Description of property (a) Cost or ot (investm)	her basis (b)	Cost or other					depreciation		0. ook value	2
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				13,324			10,909			2,415
	Other				2,726			2,726			
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 9 <mark>9</mark> 0,	Part X, colu	ımn (B), line	10(c).)		•			2,415

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV.	line 11b.See Fo	rm 990. Part X.	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year i	aluation:
	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (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, F	Dart IV	line 11c See Fo	rm 990 Part Y	line 13
	(a) Description of investment	art iv,	(b) Book value	(c) Meth	nod of valuation:
(1)				Cost or end-	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11d. See Fo	rm 990, Part X,	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities.	• •			l

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability

(b) Book value

(1) Endoral income taxes

1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2022

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	dule D (Form 990) 2022		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	leturn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
с	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	'n.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1	
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
c	Other losses	_	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	4.	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line	4; Part X, line 2; Part XI,
	Return Reference Explanation		
	· · · · · · · · · · · · · · · · · · ·	Sche	dule D (Form 990) 2022

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efile Public	Visual	Render	ObjectId: 2024408793	349301334 - Submission: 2024-(03-27	TIN: 77-0077138		
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 990-EZ. Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2022 Open to Public Inspection			
Nami Monterey County					Employer ident	nployer identification number		
Return Reference				Explanation				
Form 990, Part VI, Section B, Line 11b	B,							
Form 990, Part VI, Section B, Line 12c	At an annual board retreat, Conflict of Interest Disclosure sheets are completed and signed by all board members.							
Form 990, Part VI, Section B, Line 15b	Part VI, acts in the capacity of an Executive Director as an unpaid volunteer. Staff compensation is reviewed annually when preparing for the budget. Raises are reviewed by the Office Manager and the Executive Committee (President, Vice-President, Secretary,							
Form 990, Part VI, Section C, Line 19	The Organization makes its financial statements, conflict of interest policy, and governing documents available upon request.							
990, Part VI, Section B, Q15a			unty does not at present emploe capacity of an Executive Dire	loy an Executive Director. The President of ector as an unpaid volunteer.	of the NAMI Monte	rey County Board of		
For Paperwork Redu	ction Act N	otice, see the In	structions for Form 990 or 990-EZ.	Cat. No. 51056K		Schedule O (Form 990) 2022		

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