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GOVERNMENT COPY

Form 8879-TE		IRS e-file Signature for a Tax Exem	Authorization		OMB No. 1545-0047
	For colondor upor 200	IOI A TAX EXEIII	-	20,2,2	0004
	For calendar year 202	 Do not send to the IRS. Kee 		- , 20 <u>2 2</u>	2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE fo			
Name of filer				EIN or SSN	
SUTTER	COUNTY P	ARENT NETWORK		68-0336	5340
Name and title of officer or pe	rson subject to tax	KIMBERLY BUTCHER			
		BOARD PRESIDENT			
		turn Information e using this Form 8879-TE and enter t			
or 10a below, and the amo	ount on that line fo ank (do not enter - ere ► X	 For all other forms, enter whole dollar the return being filed with this form w. b. But, if you entered -0- on the return b Total revenue, if any (Form 990 b Total revenue, if any (Form 990 	ras blank, then leave line 1b, 2 I, then enter -0- on the applicab , Part VIII, column (A), line 12)	2b, 3b, 4b, 5b, 6b, ble line below. Do 1b	553, 850
3a Form 1120-POL of	heck here	b Total tax (Form 1120-POL, line 2			
4a Form 990-PF che	ck here 🛄 🕨 🗌	b Tax based on investment inco			
5a Form 8868 check	here 🕨 🗌	b Balance due (Form 8868, line 3	c)		
6a Form 990-T check	< here ►	b Total tax (Form 990-T, Part III, li	ne 4)	6b	
7a Form 4720 check	here 🕨 📃	b Total tax (Form 4720, Part III, lir	ne 1)		
8a Form 5227 check		b FMV of assets at end of tax ye			
9a Form 5330 check	here ►	b Tax due (Form 5330, Part II, line	,		
10a Form 8038-CP ch		b Amount of credit payment requ			b
		ure Authorization of Officer			
		I am an officer of the above entity or		-	
payment of taxes to receiv personal identification num PIN: check one box only	e confidential info nber (PIN) as my si	mation necessary to answer inquiries gnature for the electronic return and, it	and resolve issues related to th f applicable, the consent to ele	ne payment. I have ctronic funds with	e selected a Idrawal.
X I authorize PU	ZDRAK CPA	LLC		to enter my PIN	11754
		ERO firm name		Ē	nter five numbers, but
with a state age on the return's d	ncy(ies) regulating isclosure consent	21 electronically filed return. If I have in charities as part of the IRS Fed/State p screen. ax with respect to the entity, I will ente	program, I also authorize the al	a copy of the retu forementioned ER	O to enter my PIN
return. If I have i IRS Fed/State p	ndicated within thi rogram, I will enter	s return that a copy of the return is being provide the return is being provide the return's disclosure con	ing filed with a state agency(ies	s) regulating charit	•
Signature of officer or person subject Part III Certifica	tion and Auth	entication		Date 🕨	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-	-	7442901175 Do not enter all zero		
-		N, which is my signature on the 2021 requirements of Pub. 4163, Modernia	-		
ERO's signature 🕨 <u>PUZ</u>	DRAK CPA	LC	Date ▶ _ 0 3	/02/23	
	Do Not S	ERO Must Retain This Form ubmit This Form to the IRS U		o So	
LHA For Privacy act and		ction Act Notice, see instructions.	•		orm 8879-TE (2021)
102521 01-11-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	SUTTER COUNTY PARENT NETWORK				68-0336340		
File by the due date for filing your			ions.				
City, town or post office, state, and ZIP code. For a foreign address, see instructions. YUBA CITY, CA 95993							
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)				
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) FAMILY SOUP	07					
 If the If this box 1 1 th th 	whone No. ► <u>530-751-1925</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit (I it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization appendix the tax year beginning Or X tax year beginning ULL 1, 2021 the tax year entered in line 1 is for less than 12 months, classing in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all membe	r the whole o ers the exter npt organizat 	group, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	•					
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	•				0	
	ing EFTPS (Electronic Federal Tax Payment System). See				\$	0.	
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct deb	oit) with this Form 8868, see Form 84	153-TE and	d Form 8879	IE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	3868 (Rev. 1-2022)	

123841 01-12-22

			EXTENDED TO MAY 15, 2	023				
	Ω		Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047		
Forr	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 202							
► Do not enter social security numbers on this form as it may					e made public.	Open to Public		
Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	I the latest	information.	Inspection		
<u>A</u> F	or th	e 2021 calend	ar year, or tax year beginning $ m JUL1$, $ m 2021$ $ m and0$	ending J	UN 30, 2022			
	heck if pplicab	Dle: C Name of	forganization		D Employer identific	ation number		
	Addre	ess SUTT	ER COUNTY PARENT NETWORK					
	Name chang	8	usiness as		68-033634	10		
	Initial	v		Room/suite				
	Final returr	1650	SIERRA AVENUE #106		530-751-1			
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	553,850.		
	Amer	nded VITDA	CITY, CA 95993		H(a) Is this a group re			
	Appli tion	F Name a	nd address of principal officer: ADRIENNE MALONEY		for subordinates			
	pend		AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No		
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions		
			FAMILYSOUP.ORG		H(c) Group exemptior	n number 🕨		
ΚF	orm o	of organization:	X Corporation Trust Association Other ►	L Year	of formation: 1994 M	State of legal domicile: CA		
Pa	nrt I	Summary						
0	1	Briefly describ	e the organization's mission or most significant activities: SEE S	SCHEDU	LE O			
Governance								
rna	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			8		
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			8		
ŝ	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)			12		
vitio	6		of volunteers (estimate if necessary)			10		
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.		
					Prior Year	Current Year		
e	8		and grants (Part VIII, line 1h)		378,605.	502,020.		
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.		
3ev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,940.	51,830.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		427,545.	553,850.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
			to or for members (Part IX, column (A), line 4)		0.	0.		
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		240,088. 0.	330,950.		
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	10	0.	0.		
- X	b 17				116,997.	142,122.		
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		357,085.	473,072.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		70,460.	80,778.		
- 8	19	neveriue less	expenses. Subtract line 16 from line 12		ginning of Current Year	End of Year		
ets c	20	Total assets (F	Part X, line 16)		443,405.	472,159.		
Asse	21		(Part X, line 26)		53,111.	1,087.		
Net Assets or -und Balances	22		fund balances. Subtract line 21 from line 20		390,294.	471,072.		
	art II				,	_/_/ * / _ *		
Und	er pen		I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
			Declaration of preparer (other than officer) is based on all information of wh					
				1 1 1 1 1 1				
Sig	า	Signatur	e of officer		Date			
Her		KIMB	ERLY BUTCHER, BOARD PRESIDENT					
			print name and title					

	,						
Paid	Print/Type preparer's name MARK PUZDRAK, CPA	Preparer's signature MARK PUZDRAK,		/23 Check PTIN if self-employed P01296839			
raiu	MARK FUZDRAR, CFA	MARK PULDRAR, V	CFA UJ/UZ	/ 2 J self-employed FUL290039			
Preparer							
Use Only	Firm's address 11754 JOLLYVILLE RD STE. 102						
	AUSTIN, TX 78759 Phone no. (512) 827-2900						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
-							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) SUTTER COUNTY PARENT NETWORK	68-0336340 _F
ar	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes 🛽
	If "Yes," describe these changes on Schedule O.	······ — —
	Describe the organization's program service accomplishments for each of its three largest program services,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 229,848. including grants of \$) (F	.
		Revenue \$
	THE AGES OF 3 YEARS AND 22 YEARS OLD ACCESS TO INFORMA	
	AND SUPPORT NEEDED TO BE EFFECTIVELY INVOLVED WITH THE	
	EDUCATION. THIS PROJECT SERVED OVER 400 FAMILIES. THER	
	4800 CONTACTS WITH PARENTS AND MORE THAN 6400 CONTACTS	WITH
	PROFESSIONALS.	
	10. (0)	
	ABLE RIDERS THERAPEUTIC HORSEBACK RIDING PROGRAM-SERVER RIDERS AND HAD THE SUPPORT OF VOLUNTEERS WHO LED AND S	
	GROOMED HORSES AND SET UP AND TOOK DOWN FOR THE EVENING	
	ADDITION TO THE WEEKLY RIDING SESSIONS, ABLE RIDERS PA	
	FOUR COMMUNITY ACTIVITIES: 4H HORSE SHOW, PUMPKINS AND	PONIES HORSE
	SHOW, INFORMATION DAY AT TRACTOR SUPPLY HARDWARE AND T	HE ABLE RIDERS
	CHRISTMAS PARTY AND 4H ELECTION NIGHT.	
		Revenue \$
	MIND THE GAP-PARTICIPANTS MUST HAVE A CHILD BIRTH TO 1	
	A SUSPECTED OR RECENT DIAGNOSIS AND LIVE IN SUTTER, YU	
	COUNTIES. THROUGH THIS GRANT WE OFFER 12 PEER COACHING 10 HOURS TOTAL) TO HELP FAMILIES LEARN ABOUT THEIR CHI	
	DIAGNOSIS, HOW TO GET CONNECTED WITH SERVICES, AND REAL	
	INDIVIDUALIZED GOALS. MEDICAL DIAGNOSIS NOT NECESSARY	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ 65,327. including grants of \$) (Revenue \$)
	Total program service expenses 416,561.	
-		Form 990

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

Form 990 (2021)			PARENT	NETWORK
Part IV Che	ecklist of Required Scl	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х
132003	3 12-09-21	Form	990	(2021)

132003 12-09-21

Form	000	(2021)
Form	990	(2021)

 Form 990 (2021)
 SUTTER
 COUNTY
 PARENT
 NETWORK

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	· · · ·	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O 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 4	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
12000		Eorm	990	<u> </u> (2021)
132004	↓ 12-09-21	POINT		(2021)

5 2021.05050 SUTTER COUNTY PARENT NETW 01-00021

	990 (2021) SUTTER COUNTY PARENT NETWORK	68-0336	340	Р	age 🤇
'ar	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
•-				Yes	No
2a	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	2a 12			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instruction		2.0		
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		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 and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.				
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	13b	-		
С	Enter the amount of reserves on hand	13c			37
4a			14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
~	If "Yes," see the instructions and file Form 4720, Schedule N.				77
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
_	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any	1		
7					
7			17		

68-0336340 Page 6

X

Yes No

 Form 990 (2021)
 SUTTER
 COUNTY
 PARENT
 NETWORK
 68-0336340
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
h	Enter the number of voting members included on line 1a, above, who are independent	1b		8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other					
2					2		Х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				-			
5	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			ſ	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's asse				-		X	
6					6		X	
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		- 23	
1a	more members of the governing body?				7a		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				<u>1a</u>		- 23	
U					7b		x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				70		- 23	
			-		80	х		
	The governing body? Each committee with authority to act on behalf of the governing body?				<u>8a</u> 8b	- 23	Х	
о 9					30		- 11	
3	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		x	
Ser	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u>	<u></u>	9		Δ	
500	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>/enue</u>	Code.)			Yes	N	
10-	Did the exercitive have lead charters branches as affiliated			ſ	10-	res	No X	
	Did the organization have local chapters, branches, or affiliates?				10a			
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha				401			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Detor	e filing the for	m?	11a	~		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	v		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					v		
	on Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13	X		
14	Did the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37		
	The organization's CEO, Executive Director, or top management official			r	15a	X		
b	Other officers or key employees of the organization				15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a					
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
	exempt status with respect to such arrangements?		<u></u>	<u></u>	16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 50	1(c)(3)s	only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest poli	cy, and	finan	cial		
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨	•				
	FAMILY SOUP - 530-751-1925							
	1650 SIERRA AVENUE, YUBA CITY, CA 95993							
	1050 STERRA AVENCE, 10DA CITI, CA 55555					990		

Form 990 (2021)	SUTTER COUNTY PARENT NETWORK	68-0336340 Page 7								
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, High	est Compensated								
Employees, and Independent Contractors										
Check if Sch	edule O contains a response or note to any line in this Part VII									
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's tax year.								
 List all of the organ 	ization's current officers, directors, trustees (whether individuals or organization	ons), regardless of amount of compensation.								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ADRIENNE MALONEY	40.00		_							
EXECUTIVE DIRECTOR	0.00	х		х				60,010.	0.	0.
(2) KIMBERLY BUTCHER	0.50									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) SUKHJIT PUREWAL	0.50									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) CYNTHIA MARTINEZ	0.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) LADONNA CURTEMAN	0.50									
MEMBER	0.00	Х						0.	0.	0.
(6) MATTHEW MILLER	0.50									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(7) JANINE HUGHES	0.50									
MEMBER	0.00	Х						0.	0.	0.
(8) KINDLELON RESPICIO	0.50									
MEMBER	0.00	Х						0.	0.	0.
(9) NICOLO OROZCO	0.50									
MEMBER	0.00	Х						0.	0.	0.
						-				
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Form 990 (2021)

08080302 161107 01-000299

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

Form 990 (2021) SUTTER CO	DUNTY PA	RE	\mathbf{NT}	N	ET	WO	RK		68-03	3634	0	->age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees, a	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(A) (B) (C) (D) Name and title Average Position (do not check more than one Reportable							(D)	(E) Reportable compensation		(F) Estima amoun	
	week officer and a director/trustee) from							· ·	from related		othe	
	(list any hours for	lirector						the organization	organizations (W-2/1099-MIS0		ompens from t	
	related	ee or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	ll trust	nal tru		oyee	sompe		1099-NEC)			and rela	
(list any hours for related organizations 10 bit related below 10 bit related related below 10 bit related below 10 bit related related related below 10 bit related rel										0	rganiza	tions
		Inc	- Ll Sull	1 6	Key	Hiç em	Ы					
1b Subtotal								60,010.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								60,010.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	listed	l ab	ove) wh	o re	eceived more than \$100,	000 of reportable			•
compensation from the organization											Yes	0 No
3 Did the organization list any former officer,	director trust	oo k	ov or	mnla	01/04	a or	hia	hest compensated empl			163	
line 1a? If "Yes," complete Schedule J for s				•	-		Ŭ	• • •		3		x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	te S	Sche	edule	J f	or such individual		4	L I	X
5 Did any person listed on line 1a receive or a												v
rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or suc	ch p	bers	on .				5		X
1 Complete this table for your five highest co	mpensated ind	lepe	nden	t co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensation	from	
the organization. Report compensation for												
(A)	addraaa							(B)	antiaco	Com	(C)	
Name and business	address	NC	ONE					Description of s	ervices	Com	pensati	
							_					
2 Total number of independent contractors (i	•	ot lin	nited	to t	-		ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation 🕨				C	,				Γc:	m 990	(2021)
										FOR		(2021)

132008 12-09-21

Image: set of the set o		
Total revenue Related or exempt function revenue Unrelated business revenue Revenue from tions actions gray of truction revenue 1 a 1 <td><u>. </u></td>	<u>. </u>	
start 1 a Federated campaigns 1 a 10 b Membership dues 1 b 10 c Fundraising events 1 a 10 d Related organizations 1 a 11 similar amounts not included above 1 a 15 g Nocessi contributions included in lines 1a-1f 5,232. g S 502,020. e All other program service revenue 502,020. g Concession contributions included in lines 1a-1f 502,020. g Concession contributions include in lines 1a-1f 502,020. g Conces anount of tax exempt	excluded x under	
b Membership dues 1b c Fundraising events 1d d Related organizations 1d d Related organizations 1d d Method (ganizations) 1d d Horeant contributions, gifts, grants, and similar amounts not included above 1f 5, 232. g Noncaré contributions included in lines 1a-1f 502,020. 1g b		
Business Code Image: Code b Image: Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code d Image: Code Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) Image: Code 4 Income from investment of tax-exempt bond proceeds Image: Code 5 Royalties Image: Code ic Image: Code Image: Code ic Image: Code Image: Code ic Image: Code Image: Code 6 Image: Code Image: Code ic Image: Code Image: Code		
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Business Code Image: Code b Image: Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code d Image: Code Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) Image: Code 4 Income from investment of tax-exempt bond proceeds Image: Code 5 Royalties Image: Code ic Image: Code Image: Code ic Image: Code Image: Code ic Image: Code Image: Code 6 Image: Code Image: Code ic Image: Code Image: Code		
Business Code Image: Code b Image: Code Image: Code b Image: Code Image: Code c Image: Code Image: Code d Image: Code Image: Code d Image: Code Image: Code g Total. Add lines 2a-2f Image: Code 3 Investment income (including dividends, interest, and other similar amounts) Image: Code 4 Income from investment of tax-exempt bond proceeds Image: Code 5 Royalties Image: Code ic Image: Code Image: Code ic Image: Code Image: Code ic Image: Code Image: Code 6 Image: Code Image: Code ic Image: Code Image: Code		
2 a b c d c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)		
b		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 7 6a 6b 6c 6b 6c 6c 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 7 7 <td></td>		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 7 6a 6b 6c 6b 6c 6c 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 7 7 <td></td>		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 7 6a 6b 6c 6b 6c 6c 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 7 7 <td></td>		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 7 6a 6b 6c 6b 6c 6c 7 6 7 6 7 6 7 6 7 6 7 7 6 7 7 7 7 <td></td>		
3 Investment income (including dividends, interest, and other similar amounts) •<		
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7b 7c 1		
4 Income from investment of tax-exempt bond proceeds		
5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 6 7 6 7		
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses 6a		
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross (or (loss))		
b Less: rental expenses 6b		
c Rental income or (loss) 6c		
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 7b c Gain or (loss) 7c 7c		
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b		
b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c		
and sales expenses 7b c Gain or (loss)		
E Gain or (loss) 7c		
<i>d</i> Net gain or (loss) <i>b b</i>		
including \$ of		
contributions reported on line 1c). See		
Part IV, line 18		
b Less: direct expenses 8b 0.		
c Net income or (loss) from fundraising events 42,304. 42	304.	
9 a Gross income from gaming activities. See		
Part IV, line 19 9a		
b Less: direct expenses		
c Net income or (loss) from gaming activities		
10 a Gross sales of inventory, less returns and allowances 10a		
b Less: cost of goods sold 10b		
c Net income or (loss) from sales of inventory		
Business Code		
or the revenue 621610 9,526. 9,526.		
11 a OTHER REVENUE 621610 9,526. 9,526. b		
d All other revenue		
2 e Total. Add lines 11a-11d 12 Total revenue. See instructions 553,850. 9,526. 0. 42	304.	
	90 (2021)	

SUTTER COUNTY PARENT NETWORK 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).

0000	Check if Schedule O contains a reason			•	
	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising
1			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60,010.	52,467.	7,543.	
~	trustees, and key employees	00,010.	52,407.	7,545.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	270,940.	232,473.	38,467.	
7	Other salaries and wages	270,540.	232,473.	50,407.	
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10					
11	Payroll taxes Fees for services (nonemployees):				
'' a	Management				
	Legal				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
0	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,842.	38,842.		
17	Travel	1,963.	1,963.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,561.		1,561.	
23	Insurance	9,240.	9,240.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
a	PROGRAM SUPPLIES	25,008. 24,975.	<u>25,008.</u> 24,975.		
b	EQUIPMENT AND REPAIR UTILITIES	11,908.	11,908.		
C L	EVENT EXPENSES	8,940.	,900.		8,940.
d		19,685.	19,685.		0,540.
	All other expenses	473,072.	416,561.	47,571.	8,940.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±13,014•		±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,940.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				
					Farma 990 (0001)

11

132010 12-09-21

Form 990 (2021)

08080302 161107 01-000299

	2	Savings and temporary cash investments			105,000.	2	102,307.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			88,938.	4	132,751.
	5	Loans and other receivables from any current or	former offi	cer, director,			
		trustee, key employee, creator or founder, subst	ributor, or 35%				
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined			
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				2,415.	9	2,415.
	10a	Land, buildings, and equipment: cost or other					
			10a	17,813.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	<u>17,813.</u> 16,446.	2,928.	10c	1,367.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			443,405.	16	472,159.
	17	Accounts payable and accrued expenses			3,811.	17	1,087.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	—			20		
	21	Escrow or custodial account liability. Complete F	chedule D		21		
ŝ	22	Loans and other payables to any current or form	director,				
Liabilities		trustee, key employee, creator or founder, subst	antial conti	ributor, or 35%			
labi		controlled entity or family member of any of thes	e persons			22	
	23	Secured mortgages and notes payable to unrela	ted third pa	arties	49,300.	23	
	24	Unsecured notes and loans payable to unrelated	I third parti	es		24	
	25	Other liabilities (including federal income tax, page	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			53,111.	26	1,087.
6		Organizations that follow FASB ASC 958, che	ck here 🕨				
čě		and complete lines 27, 28, 32, and 33.			200 004		481 080
Balances	27	Net assets without donor restrictions		······	390,294.	27	471,072.
_	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	here 🕨 🛄				
ř		and complete lines 29 through 33.					
Net Assets or Fund	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ťΑ	31	Retained earnings, endowment, accumulated inc			200 204	31	471 070
Ne	32	Total net assets or fund balances			390,294.	32	471,072.
	33	Total liabilities and net assets/fund balances			443,405.	33	472,159. Form 990 (2021)

SUTTER COUNTY PARENT NETWORK

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

Cash - non-interest-bearing

Savings and temporary cash investments

68-0336340 Page 11

(B) End of year

233,039.

102,587.

(A) Beginning of year

240,124.

109,000.

1

2

Form 990 (2021) Part X Balance Sheet

1

2

Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 4773,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 7 8 8 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 471, 072. Part XIII Financial Statements and Reporting		990 (2021) SUTTER COUNTY PARENT NETWORK	68-033	6340	Pag	_{ge} 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 553,850. 2 Total expenses (must equal Part IX, column (A), line 25) 2 473,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 6 7 7 7 8 Poiro period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 </th <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets								
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII								
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X				
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit							
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	L				

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the orga	anization
------------------	-----------

Nam	e of t	he organization						Employer	identification number			
				PARENT NETWO				6	8-0336340			
Par	t I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7	Х	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ie general p	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section &	509(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must c	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus										
С		Type III functionally inte						ly integrate	d with,			
		its supported organization		-								
d		Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	reness			
		requirement (see instructi		-								
е		Check this box if the orga					Type I, Type	II, Type III				
-		functionally integrated, or	<i>y</i> 1	hally integrated supportion	ng organiza	ation.						
f		er the number of supported o	•									
<u> </u>		vide the following information) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	2	support (see instructions)			
				above (see instructions))	100							
Total												

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2160070.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,136.	4,706.	3,660.		0.	11,502.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,367.	1,754.	3,948.	21,206.	3,113.	38,388.
11	Total support. Add lines 7 through 10						2209960.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and stor						
	ction C. Computation of Publi						07 74
	Public support percentage for 2021 (I					14	<u>97.74</u> % 96.31%
	Public support percentage from 2020					15	/ -
16a	33 1/3% support test - 2021. If the c						N V
L.	stop here. The organization qualifies		-			ar mara abaali thi	······································
a	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
Ŀ	meets the facts-and-circumstances te	-		• • • •		Za and line 15 is 1	P
a	10% -facts-and-circumstances test						10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	T UIU HUL CHECK & I		a, 100, 17a, 01 17D	, CHECK THIS DOX A		(Form 990) 2021
						Conedule A	

132022 01-04-22

Schedule A						NETWORK	
Part III	Support	Schedule	for Organizat	ions Desc	ribed in Se	ection 509(a)(2	<u>?</u>)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				-		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	L			_		
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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	zation,
_	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2021 (I		•	column (f))		15	%
-	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2021. If the						e 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
13202	3 01-04-22					Schedu	le A (Form 990) 2021

1

2

Yes No

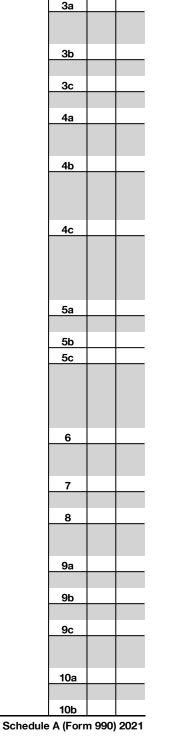
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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).*
- **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.**
- **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.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.*
- **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.)

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2021.05050 SUTTER COUNTY PARENT NETW 01-00021

SUTTER COUNTY PARENT NETWORK Schedule A (Form 990) 2021

Yes No

Yes No

1

Pa	t 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 line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	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.		
Sec	ion C. Type II Supporting Organizations		

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	---	-------------------------	----------------------------------	---------------------------------

- 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.
- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

08080302 161107 01-000299

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1	
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see	

 Schedule A (Form 990) 2021
 SUTTER
 COUNTY
 PARENT
 NETWORK

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

instructions).

Schedule A (Form 990) 2021

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1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3

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

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	h Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Current Year

Schedule A (Form 990) 2021

Section D - Distributions

Schedule A (Form 990) 2021
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

NATURE AND SOURC	CE		
2017 AMOUNT: \$	8,367.		
2018 AMOUNT: \$	1,754.		
2019 AMOUNT: \$	3,948.		
2020 AMOUNT: \$	21,206.		
2021 AMOUNT: \$	9,526.		
INVESTMENT RETUR	RN		
2021 AMOUNT: \$	-6,413.		
132028 01-04-22		21	Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	SUTTER COUNTY PARENT NETWORK	68-0336340
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	n is covered by the General Rule or a Special Rule.	

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

Employer identification number

68-0336340

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 CALIFORNIA DEPARTMENT OF EDUCATION X Person Payroll 1430 N ST. RM. 2401 272,453. Noncash \$ (Complete Part II for SACRAMENTO, CA 95814 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution PROP 10 (SUTTER CO. CHILDREN AND 2 FAMILIES COMMISSION) X Person Payroll 1445 VETERNS MEMORIAL CIRCLE 40,000. Noncash (Complete Part II for YUBA CITY, CA 95993 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 SUTTER CO. HEALTH AND HUMAN SERVICES X Person Payroll 539 GARDEN HWY., STE C 22,949. Noncash \$ (Complete Part II for YUBA CITY, CA 95991 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 WARMLINE FAMILY RESOURCE CETNER X Person Payroll 2424 CASTRO WAY 87,828. Noncash \$ (Complete Part II for SACRAMENTO, CA 95818 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution SUTTER CO SUPERINTENDENT OF SCHOOLS 5 OFFICE X Person Payroll 970 KLAMATH LANE 33,564. Noncash (Complete Part II for YUBA CITY, CA 95993 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for

23

123452 11-11-21

noncash contributions.) Schedule B (Form 990) (2021)

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

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

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

08080302 161107 01-000299

Schedule B (Form 990) (2021)

Part II

SUTTER COUNTY PARENT NETWORK

Page 3

Employer identification number

68-0336340

	(Form 990) (2021)			Page 4				
Name of ore	ganization			Employer identification number				
SUTTER	COUNTY PARENT NETWORK			68-0336340				
Part III	Exclusively religious, charitable, etc., contribut							
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.))▶\$				
(a) No	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held				
_		(e) Transfer of gift						
		nd 7 ID . 4	Deletionship of team	oferer to transfere				
	Transferee's name, address, a		Relationship of trans	steror to transferee				
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of trans	sferor to transferee					
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held				
Part I								
-		e) Transfer of gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee				
		[
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held				
F		(e) Transfer of gift						
		nd 7 ID + 4		oforor to transferre				
\vdash	Transferee's name, address, a	nu ZIP + 4	Relationship of trans					

Schedule B (Form 990) (2021)

 $08080302 \ 161107 \ 01-000299$

25 2021.05050 SUTTER COUNTY PARENT NETW 01-00021

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SUTTER COUNTY PARENT NETWORK

Employer identification number 68 - 0336340

Par			Similar Funds	s or Ac	coun	ts. Complete	if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advis	sed funds	(b) Fund	ds and other ac	counts
4	Total number at and of year	(u) Borior david		`			
1	Total number at end of year Aggregate value of contributions to (during year)						
2							
3 ⊿	Aggregate value of grants from (during year)						
4	Aggregate value at end of year	witing that the accete k					
5	Did the organization inform all donors and donor advisors in w	-					No
6	are the organization's property, subject to the organization's of					Yes	
6	Did the organization inform all grantees, donors, and donor at						
	for charitable purposes and not for the benefit of the donor of				•		
Par	impermissible private benefit?	anization answered "V	es" on Form 990	Dart IV	lino 7	Yes	No No
1	Purpose(s) of conservation easements held by the organization			Fait IV,	nne 7.		
	Preservation of land for public use (for example, recreat	· · · ·		f a hista	ricolly	important land	
	Protection of natural habitat				-	important land a storic structure	area
		L		n a certi	neu ms	sione structure	
•	Preservation of open space	ind concernation contri	bution in the form			ion accoment o	n the leat
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contri	bution in the form	f of a cor		Held at the End of	
_						field at the End (
a	Total number of conservation easements				2a		
b					2b		
C	Number of conservation easements on a certified historic structure				2c		
d	Number of conservation easements included in (c) acquired a						
•	listed in the National Register				2d	al a factor allo a di acco	
3	Number of conservation easements modified, transferred, rele	eased, extinguisned, or	terminated by the	e organiz	zation	during the tax	
	year ▶						
4	Number of states where property subject to conservation eas		- 4 ¹	-			
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it					Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing con	Iservatio	n easei	ments during th	e year
-	Amount of our second in monitoring inconsting hand	line of violetiens and a		- t :			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	enforcing conserva	ation eas	sement	s during the yea	ar
•	\$		ate of eaching 170		(:)		
8							
•	and section 170(h)(4)(B)(ii)?					Yes	No
9	In Part XIII, describe how the organization reports conservation		•				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	's financial statem	ients tha	at desc	ndes the	
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Tr	easures, or O	ther S	imilar	r Assets	
1 41	Complete if the organization answered "Yes" on Form				ai	Abbetb.	
			vanue statement		noo ob		
Та	If the organization elected, as permitted under FASB ASC 95	<i>,</i> ,					
	of art, historical treasures, or other similar assets held for pub				ice of p	JUDIIC	
	service, provide in Part XIII the text of the footnote to its finan						
a	If the organization elected, as permitted under FASB ASC 95	· ·					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	nerance	or pub	blic service,	
	provide the following amounts relating to these items:					•	
	(i) Revenue included on Form 990, Part VIII, line 1				•		
~		auroa ar athar aimilar			•	\$	
2	If the organization received or held works of art, historical trea			ai gain, p	provide	•	
	the following amounts required to be reported under FASB A	-			•	*	
a	Revenue included on Form 990, Part VIII, line 1					\$	
	Assets included in Form 990, Part X					•	0001 07-
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.				Schedule D (Fo	orm 990) 202 [.]
132051	10-28-21	26					

Sche		COUNTY PARI						68-03			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or O	ther S	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check ar	ny of the f	following that ma	ake sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	е	e 🛄 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	ne organization's	exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histo	rical treas	sures, or other si	milar as	sets		_		-
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganizatio	n answered "Ye	s" on Fo	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tab	le:					A		
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f Or	0						1f		Vee		
	Did the organization include an amount on Fo					•		L	Yes		No ∣
_	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
		(a) Current year	(b) Pric		(c) Two years b) Three v	/ears back	(e) Fou	vears	back
10	Beginning of year balance	(u) ourront your	(6)1110	, you			, 111100 y		(0) 1 00	youro	Suon
1a b	Contributions										
0	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1 a c	column (a)) held as:						
a	Board designated or quasi-endowment		%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Permanent endowment		_/*								
		<u> </u>									
•	The percentages on lines 2a, 2b, and 2c show	-									
3a	Are there endowment funds not in the posses		tion that a	re held ar	nd administered	for the c	organiza	ation			
	by:	0					U			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	(c) Acci depre	umulate	ed	(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other			1	7,813.	1	.6,44	46.		1,3	67.
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B). line 1	0c.)					1,3	67.
		-						A . I			0004

Schedule D (Form 990) 2021

132052 10-28-21

a) Description of security or category (including name of security)	(b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er 	nd-of-vear market value
Financial derivatives Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990 Part IV line 1	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities.	Description		· · · ·
(a) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(a (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities.	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) al. (<i>Column (b) must equal Form 990, Part X, col. (B) lin</i> art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) lim art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) (a). (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) (a). (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		5.
(a) (2) (3) (4) (5) (6) (7) (8) (9) (a) Column (b) must equal Form 990, Part X, col. (B) line (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		· · · ·

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

132053 10-28-21

08080302 161107 01-000299

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

68-0336340 Page 3

Sche	dule D (Form 990) 2021 SUTTER COUNTY PARENT NETWOR	K	68-0336340 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
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	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
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.)	4b	
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	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses		_
d	Other (Describe in Part XIII.)	2d	
е	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		_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

132054 10-28-21

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Ac					ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		COUNTY PARENT NETW	ORK				Employer ide	entification number 5340
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
· · · · · · · · · · · · · · · · · · ·	complete this part	t. sed funds through any of the followin	a activ	vities. (Check all that apply.			
a Mail solicitat					overnment grants			
	email solicitations				nment grants			
c Phone solici		g 🔄 Special	fundra	aising	events			
d In-person so 2 a Did the organizatio		or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees.	or	
		art VII) or entity in connection with pr				,	Ye	s 🗌 No
	•	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e
compensated at le	east \$5,000 by the	organization.			1			
(i) Name and addres	s of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	have c or con contribu	ustody itrol of	from activity		fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
			100					
				<u> </u>				
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	-	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. (a) through
			BISTRO	CAMPAIGN		col. (c)
•			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	29,170.	13,134.		42,304.
£						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	29,170.	13,134.		42,304.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
sct	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses				
	10		n 9 in column (d)			
		Net income summary. Subtract line 10 from li	ine 3, column (d)		►	42,304.
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
ш.	1	Gross revenue				
ŝ	2	Cash prizes				
Expenses						
xpe	3	Noncash prizes				
ш Н						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				
)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	SUTTER	COUNTY	PARENT	NETWORK	68-0	336340	Page 3
11	Does the organization conduct ga						Yes	No
	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
b	An outside facility						13b	%
	Enter the name and address of th							
	Name 🕨							
	Address 🕨							
						_		
1 5a	Does the organization have a con	tract with a thi	rd party from v	whom the orga	anization receives gaming reve	enue?	L Yes	└── No
h	If "Yes," enter the amount of gam	ina revenue re	caived by the	organization	¢ ar	d the amount		
	of gaming revenue retained by the				φα	id the amount		
~	If "Yes," enter name and address							
Ū			ity.					
	Name 🕨							
	· · · · · · · · · · · · · · · · · · ·							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	► \$						
	Description of services provided	▶						
					dent contractor			
	Director/officer	Employe	e		ndent contractor			
17	Mandatory distributions:							
	Is the organization required under	stato low to m	ako charitable	distributions	from the gaming proceeds to			
a	retain the state gaming license?						Yes	🗌 No
h	Enter the amount of distributions				to other exempt organizations			
~	organization's own exempt activit	•			to other exempt organizations	or opene in the		
Pa					ed by Part I, line 2b, columns	(iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
					formation. See instructions.			
13208	33 10-21-21					Sched	ule G (Form	990) 2021
				32			•	

Schedule C		
D - I IV	~	

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)
132084 11-18-	-21	

08080302 161107 01-000299

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

68-0336340

OMB No. 1545-0047

SUTTER COUNTY PARENT NETWORK

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

OUR MISSION IS TO EMPOWER FAMILIES OF CHILDREN WITH SPECIAL NEEDS

THROUGH SUPPORT AND EDUCATION TO REACH THEIR FULL POTENTIAL AS MEMBERS

OF THE CONNUNITY.

FORM 990, PART III, LINE 1-ORGANIZATION MISSION

AT FAMILY SOUP WE ARE DEDICATED TO SUPPORTING, ENCOURAGING AND

PROVIDING INFORMATION AND FACILITATED REFERRAL TO HELP FAMILIES WITH

CHILDREN WITH SPECIAL NEEDS NAVIGATE COMPLEX SERVICES SYSTEMS. WE OFFER

A VARIERTY OF PROGRAMS FOR PARENTS/CAREGIVERS AND CHILDREN. WE STRONGLY

BELIEVE IN THE POWER OF PARENT-TO-PARENT SUPPORT AND THE ROLE OF

PARENTS AS THEIR CHILD'S BEST ADVOCATE. THE FAMILY SOUP MISSION IS TO

ENPOWER FAMILIES OF CHILDREN WITH SPECIAL NEEDS THROUGH SUPPORT AND

EDUCATION TO REACH THEIR FULL POTENTIAL AS MEMBERS OF THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPECIAL NEEDS PROGRAM-THE PROJECT SERVES SUTTER COUNTY FAMILIES WITH AT LEAST ONE CHILD 0-6 YEARS WITH SPECIAL NEEDS. THERE ARE OVER 2,000 CONTACTS WITH FAMILIES.

EARLY START FAMILY RESOURCE CENTER PROGRAM-SERVED MORE THAN 130 FAMILIES WITH A CHILD BETWEEN THE AGE OF 0 AND 36 MONTHS. FAMILIES ARE REFERRED FROM ALTA CALIFORNIA REGIONAL CENTER. THERE WERE MORE THAN 900 CONTACTS WITH PARENTS AND MORE THAN 2400 CONTACTS WITH PROFESSIONALS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

SERVING THIS POPULATION.

CAP GRANT-EARLY IDENTIFICATION AND INTERVENTION FOR AT RISK CHILDREN

AND FAMILIES, TREATMENT/COUNSELING SERVICES FOR CHILD ABUSE VICTEMS AND

THEIR FAMILIES, AND PARENT EDUCATION TRAINING INCLUDING SUPPORT

SERVICES TO STRENGHTEN PARENTAL RELATIONSHIPS.

EXPENSES \$ 65,327. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

<u>N/A</u>

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RETURN PRIOR TO THE RETURN BEING FILED.

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

BOARD MEMBERS INFORM THE BOARD OF ANY POTENTIAL CONFLICT OF INTEREST. THESE BOARD MEMBERS ARE EXCUSED FROM ANY MEETING, DISCUSSION, VOTING OR OTHER MATTERS PERTAINING TO THIS ISSUE. THE PRESIDENT INQUIRES IF THERE IS ANY POTENTIAL CONFLICT OF INTEREST BEFORE ANY MATTER IS DISCUSSED OR PRESENTED BEFORE THE BOARD. EXCUSED BOARD MEMBERS CANNOT INQUIRE OR DISCUSS THE MATTER WITH OTHERS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD, BASED ON CAPABILITY DATA AND SURVEY RESULTS FROM FAMILY RESOURCE CENTER NETWORKS AND ASSOCIATES AND OTHER SOURCES, DETERMINES REASONABLE COMPENSATION FOR THEIR POSITIONS. THE RECOMMENDATIONS AND SUPPORTING SCHEDULES ARE PRESENTED TO THE BOARD FOR 132212 11-11-21 Schedule O (Form 990) 2021 35

 $08080302 \ 161107 \ 01-000299$

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

JPON WRITTEN REQUEST ONLY. I	DOCUMENTS	TO BE	MAILED.		
32212 11-11-21				Schedule () (Form 990) 202 ⁻

REVIEW AND APPROVAL.

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

SUTTER COUNTY PARENT NETWORK

Employer identification number 68-0336340

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

202	Annual Informat	ion Return					199
Calendar Yea	2021 or fiscal year beginning (mm/dd/yyyy)	07/01/2021	, and ending	(mm/dd/yyy	y)	06	5/30/2022 .
Corporation/Org	anization name			Cali	fornia corp	oration	number
		_					
	COUNTY PARENT NETWORN	X			1910	916	
Additional inform	nation. See instructions.			FE			
Street address (68-0 PMB no.	330	340
	IERRA AVENUE #106				FIVID HU.		
City	IERRA AVENOE #100			State	ZIP code		
YUBA C	TͲV				9599	3	
Foreign country		Foreign province/state/county		011	Foreign p		 ode
о ,							
A First retu	rn	Yes X No I Did the	organization hav	/e anv chano	nes to its	auidel	ines
B Amended			orted to the FTB?				
C IRC Sect	on 4947(a)(1) trust		npt under R&TC S				
	rmation return?		d in political activ				
•	Dissolved Surrendered (Withdrawn)	Merged/Reorganized K Is the	organization exem	npt under Ra	&TC Sect	ion 23	701g? • Yes X No
	(mm/dd/yyyy) •		" enter the gross	receipts fro	m nonme	mber	
	counting method: (1) Cash (2) X Accru		organization a lim	ited liability	company	/?	• Yes 🗴 No
	eturn filed? (1) ● 990⊤ (2) ● 990PF(3		organization file				
	Other 990 series	report	taxable income?				
	group filing? See instructions		organization unde				
	ganization in a group exemption		dited in a prior ye				
IT "Yes," \	vhat is the parent's name?		ral Form 1023/10				Yes X No
			ed with IRS				
Part I (complete Part I unless not required to file this f	orm. See General Information B	and C.				
	1 Gross sales or receipts from other source				•	1	51,830 00
	2 Gross dues and assessments from memb					2	00
	3 Gross contributions, gifts, grants, and sir			STMT	1 •	3	502,020 00
Descipto	4 Total gross receipts for filing requirement						
Receipts	This line must be completed. If the resu	It is less than \$50,000, see Gener	a <u>l Information B</u>		•	4	553,850 ₀₀
and Revenues	5 Cost of goods sold	•	5		00		
nevenues	6 Cost or other basis, and sales expenses of	• • • •	6		00		
	7 Total costs. Add line 5 and line 6					7	00
	8 Total gross income. Subtract line 7 from				•	8	553,850 00
Expenses	9 Total expenses and disbursements. From					9	473,072 00
	10 Excess of receipts over expenses and dis					10	80,778 ₀₀
	 Total payments Use tax. See General Information K 					11	00
	 12 Use tax. See General Information K 13 Payments balance. If line 11 is more than 	ling 10 cuptract ling 10 from lin				12 13	00
Filing Fee	14 Use tax balance. If line 12 is more than lin					14	00
Thing Tee	15 Penalties and interest. See General Inform		<i>د</i>			15	00
	16 Balance due. Add line 12 and line 15. Th Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer	d this return, including accompanying so (other than taxpayer) is based on all info	hedules and stateme mation of which pre	ents, and to the parer has any	e best of m knowledge	y knowl	edge and belief,
Sign Here		Title		Date	5		Telephone
IICIC	Signature of officer		PRESID	EN			530-751-1925
	_		Date	Check	if		● PTIN
	Preparer's ► MARK PUZDRAK, C	PA	03/02/2	3 self-en	nployed	•	P01296839
Paid	Firm's name						● Firm's FEIN
Preparer's	(or yours, if self- ► PUZDRAK CPA LLC						85-3893874
Use Only	employed) 11754 JOLLYVILL						Telephone
	AUSTIN, TX 7875						(512) 827-2900
	May the FTB discuss this return with the prepa	rer shown above? See instruction	s		• X	Yes	No

022

SUTTER COUNTY PARENT NETWORK

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

128951 01-19-22

	1	Gross sales or receipts from all	business activities. See instru	uctions		•	1	42,304	
	2	Interest				•	2		
	3	Dividends					3	(
Receipts	4	-					4		
from	5	Gross royalties					5	(
Other	6	Gross amount received from sal	e of assets (See instructions))		•	6	(
Sources	7	Other income			SEE STA	ATEMENT 2 •	7	9,526	
	8	Total gross sales or receipts fro	m other sources. Add line 1 t	hrough l	ine 7. Enter here and o	on Side 1, Part I, line 1	8	51,830 (
	9	Contributions, gifts, grants, and					9	(
	10	Disbursements to or for membe	rs			•	10	(
	11	Compensation of officers, direct	ors, and trustees	ATEMENT 3 •	11	60,010			
	12	Other salaries and wages					12	270,940	
Expenses	13	Interest				•	13	(
and	14						14	(
Disburse-	15					•	15	38,842	
ments	16	Depreciation and depletion (See	instructions)			•	16	1,561	
	17	Other expenses and disburseme					17	101,719	
<u></u>		Total expenses and disburseme					18	473,072	
Sched	lle L	Balance Sheet	Beginning of	f taxable			d of tax	able year	
Assets			(a)	-	(b)	(C)		(d)	
1 Cash				<u> </u>	349,124			• 335,62	
		s receivable		<u> </u>	88,938			• 132,75	
		ceivable		<u> </u>				•	
		at the second second second second		<u> </u>				•	
		state government obligations		<u> </u>				•	
		in other bonds		<u> </u>				•	
		in stock		<u> </u>				•	
	jage lo			<u> </u>				•	
		ments	17,813			17,8	212	•	
		ble assets STMT 7	(14,885)	1	2,928			1,36	
11 Land			(14,005)	1	2,520	10,44	±0 /	•	
		STMT 5			2,415			• 2,41	
		,			443,405			472,15	
Liabilities					110,100			1/1/10	
		iyable			3,811			• 1,08	
		is, gifts, or grants payable						•	
		notes payable						•	
		payable			49,300			•	
		ies			•				
		k or principal fund						•	
		tal surplus. Attach reconciliation						•	
		rnings or income fund			390,294			• 471,07	
		ties and net worth			443,405			472,15	
Sched	ule N		per books with income per re						
		Do not complete this sche	dule if the amount on Schedu		e 13, column (d), is les	ss than \$50,000.			
		per books		778	7 Income recorded	-			
		me tax				his return. Attach schedu	ıle	•	
		pital losses over capital gains				is return not charged			
		recorded on books this year.			against book inc				
		dule						•	
5 Exper		corded on books this year not				and line 8			
		this return. Attach schedule							
		ne 1 through line 5		778		rom line 6		80,77	

022

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SUTTER COUNTY PARENT NETWO

68-0336340

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
CALIFORNIA DEPARTMENT OF EDUCATION	1430 N ST. RM. 2401 SACRAMENTO, CA 95814		272,453.		
	1445 VETERNS MEMORIAL CIRCLE YUBA CITY, CA 95993		40,000.		
SUTTER CO. HEALTH AND HUMAN SERVICES	539 GARDEN HWY., STE C YUBA CITY, CA 95991		22,949.		
WARMLINE FAMILY RESOURCE CETNER	2424 CASTRO WAY SACRAMENTO, CA 95818		87,828.		
SUTTER CO SUPERINTENDENT OF SCHOOLS OFFICE	970 KLAMATH LANE YUBA CITY, CA 95993		33,564.		
TOTAL INCLUDED ON LINE 3			456,794.		

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER REVENUE		9,526.
TOTAL TO FORM 199, PART II, LI	NE 7	9,526.

CA 199 0	COMPENSATION OF OFFIC	ERS, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRE	ESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADRIENNE MALON 1650 SIERRA AV YUBA CITY, CA	VENUE #106	EXECUTIVE DIRECTOR 40.00	60,010.
KIMBERLY BUTCH 1650 SIERRA AV YUBA CITY, CA	VENUE #106	PRESIDENT 0.50	0.
SUKHJIT PUREWA 1650 SIERRA AV YUBA CITY, CA	VENUE #106	TREASURER 0.50	0.
CYNTHIA MARTIN 1650 SIERRA AV YUBA CITY, CA	/ENUE #106	SECRETARY 0.50	0.
LADONNA CURTEN 1650 SIERRA AV YUBA CITY, CA	VENUE #106	MEMBER 0.50	0.
MATTHEW MILLER 1650 SIERRA AV YUBA CITY, CA	VENUE #106	VICE PRESIDENT 0.50	0.
JANINE HUGHES 1650 SIERRA AV YUBA CITY, CA		MEMBER 0.50	0.
KINDLELON RESP 1650 SIERRA AV YUBA CITY, CA	VENUE #106	MEMBER 0.50	0.
NICOLO OROZCO 1650 SIERRA AV YUBA CITY, CA		MEMBER 0.50	0.
TOTAL TO FORM	199, PART II, LINE 13	1	60,010.

ALL OTHER EXPENSES

68 - 0336340

19,685.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
PROGRAM SUPPLIES EQUIPMENT AND REPAIR UTILITIES		25,008. 24,975. 11,908.
EVENT EXPENSES TRAVEL INSURANCE		8,940. 1,963. 9,240.

TOTAL TO FORM 199, PART II, LINE 17 101,719.

CA 199 OTHER ASSETS		STATEMENT 5		
DESCRIPTION	BEG. OF YEAR	END OF YEAR		
PREPAID EXPENSES AND DEFERRED CHARGES	2,415.	2,415.		
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,415.	2,415.		

CA 199 FUND BALANCES		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	390,294.	471,072.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	390,294.	471,072.

CA SCHEDULE L DE	PRECIABLE ASSETS	STATEMENT 7	
DESCRIPTION	COST OR	ACCUMULATED	END OF YEAR
	OTHER BASIS	DEPRECIATION	BOOK VALUE
SERVER	4,044.	4,044.	0.
MULTIFUNCTION PRINTER	4,085.	4,085.	0.
HORSE	2,500.	2,430.	70.
HORSE	2,500.	2,500.	0.
OTHER	4,684.	3,387.	1,297.
TOTAL TO FORM 199, SCH L, LINE 10	17,813.	16,446.	1,367.

08080302 161107 01-000299

TAXABLE YEARCor2021and	rporati I Amor	on Depr tization	eciatio	n						CALIFORN 38	
Attach to Form 100 or Form 1				FORM	199			F	EIN	68-03	36340
Corporation name									Califo	rnia corporatio	on number
SUTTER COUNTY	PAREN	T NETWOR	RK							191091	6
Part I Election To Expense (
1 Maximum deduction unde			a								\$25,000
2 Total cost of IRC Section											
3 Threshold cost of IRC Sec											\$200,000
4 Reduction in limitation. Su											
5 Dollar limitation for taxable			e 1. If zero or le						5		
	escription of	property		(D) COST (D	usiness use or	11y) (c) Elected	COST	-		
6									-		
7 Listed property (cleated IP	C Section 17	0 cost)				7			-		
7 Listed property (elected IR8 Total elected cost of IRC S	Coction 170 nr	operty Add amo	unts in column	(c) line 6 and	l lino 7	[7			8		
9 Tentative deduction. Enter					· · · · · · · · · · · · · · · · · · ·						
10 Carryover of disallowed de											
11 Business income limitation											
12 IRC Section 179 expense of											
13 Carryover of disallowed de											
Part II Depreciation and Ele	ction of Addit	tional First Year	Depreciation D	eduction Und	er R&TC Secti	on 24356					
(a)	(b)		(C)	(d		(e)	(f)			(g)	(h)
Description of property	Date acquir (mm/dd/yy		st or r basis	Depreciation allowable in e		Depreciation	Life		Depre	eciation nis year	Additional first year
	(IIIII/dd/yy	yy) ouic	1 54313		Samor yoars	method					depreciation
14											
SEE STATEMENT	8	1	7,813.	1	4,885.						
15 Add the amounts in colum					-						
See instructions for line 14	(0)	()	()					15		1,561	
Part III Summary	•, column (11)									-/00-	
16 Total: If the corporation is IRC Section 179 expense, Additional first year depred Depreciation (if no election	add the amou ciation under I n is made), en	R&TC Section 24 Iter the amount fi	356, add the al rom line 15, col	mounts on line lumn (g)	e 15, columns (1,561
17 Total depreciation claimed	•	•		,					17		1,561
18 Depreciation adjustment. I If line 17 is less than line 1	•										
amounts are used to deter							-				0
Part IV Amortization		ine beiore state a			01111 10000, 110		15 11000550	<u>y.</u>)	10		
(a)			t or	asis allowable in earlier years		(e) R&TC Sectior (see instruction	pero	(f) riod or centage	(g) Amortization for this year		
19											
								_			
20 Total. Add the amounts in	(0)										
21 Total amortization claimed 22 Amortization adjustment. I Side 1 line 6 If line 21 in	f line 21 is gr	eater than line 20), enter the diffe	erence here an		or Form 100	W,				
Side 1, line 6. If line 21 is	iess man nne		erence here and	u un runni 100		v, side 2, line	12		22		

022 7621214

= =

CA 3885	A 3885 DEPRECIATION					STATE	1ENT 8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 SERVER	06/30/13	4,044.	4,044.	SL	3.00	0.	
2 MULTIFUNC	TION PRINTER 02/12/15	4,085.	4,085.	SL	3.00	0.	
4 HORSE	09/15/15	2,500.	2,430.	SL	3.00	0.	
5 OTHER	04/24/18	2,500.	2,500.		3.00	0.	
	04/12/19 -	4,684.	1,826.	SL	3.00	1,561.	
TOTAL TO FORM 3	885	17,813.	14,885.			1,561.	

= =

TAXABLE YE 2021		ornia e-file Rennet Organizat		rization f	or				FORM 8453-EO
Exempt Organiza	tion name						lo	lentifying number	
SUTTER	COUNTY PA	RENT NETWORK					6	58-03363	340
		ormation (whole dollars	only)						<u> </u>
0	oss receipts (Form	, , , , , , , , , , , , , , , , , , , ,							<u>553,850</u> 553,850
•	oss income (Form 1 penses and disburg	sements (Form 199, line s							473,072
			-,					. •	
		Electronically for Taxat	ble Year 2021	41- 14	(*)	-1- ((-)	
	ectronic funds witho	<u>Irawal</u> 4a Amount (Have you verified the ex	vempt organization's		(ithdrawal d	ate (mm/	aa/yyy	(Y)	
5 Routing		(nave you vernied the e.	kempt organization s t						
6 Account				7 Type of a	account:	Chec	cking	Saving	S
Part IV De	claration of Office	r							
I authorize the on line 4a.	exempt organization's	s account to be settled as de	esignated in Part II. If I cl	neck Part II, box 4	, I authorize a	in electron	ic fund	s withdrawal for	the amount listed
transmitter, or California elect a balance due organization w statements be delayed, I aut	intermediate service p tronic return. To the b return, I understand th ill remain liable for the transmitted to the FTE	that I am an officer of the al provider and the amounts in est of my knowledge and be hat if the Franchise Tax Boar e fee liability and all applicat 3 by the ERO, transmitter, or close to the ERO or interme	Part I above agree with lief, the exempt organiza d (FTB) does not receive ole interest and penalties. r intermediate service pro-	the amounts on th tion's return is tru full and timely pa I authorize the ex ovider. If the proc ne reason(s) for th	e correspond e, correct, an yment of the empt organiz essing of the le delay.	ling lines of d complet exempt or ation retur exempt o	of the ex e. If the ganizat rn and a	kempt organizat e exempt organi ion's fee liability accompanying s	ion's 2Ò21 zation is filing 7, the exempt chedules and
Sign 🛃 Here	Signature of officer		Date	BOARD E	RESID	ENT			
THEFE	5								
Part V De	claration of Electr	onic Return Originator	(ERO) and Paid Prep	arer.					
am only an intr accurately refle provided the o 1345, 2021 Ha the exempt org I declare that I	ermediate service prov ects the data on the re rganization officer witi indbook for Authorized ganization return is file have examined the ab	ove exempt organization's revider, I understand that I am turn.) I have obtained the or h a copy of all forms and ind d e-file Providers. I will keep ed, whichever is later, and I ove exempt organization's i his declaration based on all	not responsible for revi- ganization officer's signa formation that I will file w form FTB 8453-EO on fi will make a copy availabl return and accompanying	ewing the exempt ature on form FTB rith the FTB, and I le for four years f e to the FTB upon I schedules and st	organization' 8453-EO bef have followe rom the due request. If I a	s return. I ore transm d all other date of the am also the	declare nitting t require e return e paid p	, however, that his return to the ments describe or four years fo preparer, under	form FTB 8453-EO FTB; I have d in FTB Pub. rom the date penalties of perjury,
ERO				Date	Check if also paid		Check f self-	ERO's F	PTIN
ERO signa	▶ PUZDR	AK CPA LLC			preparer		mployed		296839
if eal	s name (or yours f-employed)	PUZDRAK CPA		100				Firm's FEIN 85 ·	-3893874
Sign and a	address	11754 JOLLYV	ILLE RD STE	. 102				ZIP code 787	- 0
Under nenaltie		AUSTIN, TX that I have examined the ab	ove organization's return	and accompanyir		and staten		-	
		I complete. I make this decla					1101115, 6		I my knowledge
Paid	Paid			Date		Check		Paid prepare	's PTIN
Preparer	preparer's signature					if self- employed			
Must	Firm's name (or yours if self-employed)							Firm's FEIN	
Sign	and address	r							
								ZIP code	

FTB 8453-EO 2021

129021 12-29-21

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS:	S 1 Failure to su organizatio minimum tax	IUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 1 Cal. Code Regs. sections 301-306, ubmit this report annually no later than four months a n's accounting period may result in the loss of tax ex of \$800, plus interest, and/or fines or filing penalties	CALIFO Governme 309, 311, and fifteen days comption and the s. Revenue & Ta	RNIA nt Code and 312 after the end of the ne assessment of a axation Code section	DEPARTMENT (For Registry Use Only)		ISTICE GE 1 of 5
www.oag.ca.gov/charities		23703; Government Code section 12586.1. IRS exter	nsions will be h	onored.			
SUTTER COUNTY PA	ARENT NI	ETWORK		ange of address nended report			
List all DBAs and names the organization 1650 SIERRA AVE			Ctata Oh	anita Dagiatuatian Nam			
Address (Number and Street)		5		arity Registration Nur			
YUBA CITY, CA City or Town, State, and ZIP Code	95993		Corporat	ion or Organization N	o. <u>1910916</u>		
530-751-1925 Telephone Number	E-mail Addres	UTCHER@GMAIL.COM	Federal E	Employer ID No. <u>68</u>	-0336340		
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm			311, and 312)		
	Total Revenue Fee Total Revenue Fee Total Revenue Fee Less than \$50,000 \$25 Between \$250,001 and \$1 million \$100 Between \$20,000,001 and \$100 million \$100					 00 ,000	
Between \$100,001 and \$250, PART A - ACTIVITIES	000 \$75	Between \$5,000,001 and \$20 millio	n \$400	Greater than \$500	million	φı	,200
Total Revenue (including noncash contributions) \$ Program Expen	553, ses \$	period (beginning <u>07/01/20</u> 850 Noncash Contributions \$ <u>416,561</u> GANIZATION DURING THE PERIOD C	Total Exp	0 Total Asse enses \$		2,1	<u>59</u>
		you answer "yes" to any of the ques Is for each "yes" response. Please re				Vee	
1. During this reporting period	od, were there	any contracts, loans, leases or other finds of the second se	nancial trar	sactions between the	e organization	Yes	No X
2. During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or n	nisuse of th	ne organization's char	itable property		x
3. During this reporting perio	od, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fund	draising co	unsel for charitable p	urposes, or		x
5. During this reporting period	od, did the org	anization receive any governmental fur	nding?	SEE S	ratement 9	x	
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	rposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
e e		ndent audit and prepare audited financ s for this reporting period?	ial stateme	ents in accordance wi	th		x
9. At the end of this reportin	g period, did t	he organization hold restricted net ass	ets, while re	eporting negative unr	estricted net assets?		x
		ve examined this report, including ac complete, and I am authorized to sig		ng documents, and	to the best of my know	wledg	
Cienchus of Authorized A		MBERLY BUTCHER		BOARD PRESI			
Signature of Authorized Agent	Pri	nted Name	Т	ïtle	Date		

CA RRF-1	INFORMATIO		ING GOV B, LIN		L FUNDING S	STATEMENT	9
DEPARTMENT OF WARMLINE) 1215 O STREET SACRAMENTO, C		SERVICES	(MIND	THE GAP,	SUBCONTRACTED) THROUGH	

SUTTER COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (CAP GRANT) WELFARE AND SOCIAL SERVICES DIVISION 539 GARDEN HWY. #C YUBA CITY, CA 95991

SUTTER COUNTY SUPERINTENDENT OF SCHOOLS OFFICE (ESP) 970 KLAMATH LANE YUBA CITY, CA 95993

SPECIAL EDUCATION DIVISION, ADMINISTRATION SERVICES UNIT (FEC) CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST, RM. 2401 SACRAMENTO, CA 95814-5901

SUTTER COUNTY CHILDREN AND FAMILIES COMMISSION (PROP 10) 1445 VETERANS MEMORIAL CIR. YUBA CITY, CA 95993 (Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o					r identificatio	n number (TIN)
print	SUTTER COUNTY PARENT NETWORK				68-03	36340
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box, s		ions.			
return. See instructior		preign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applica	ition	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 99	90-T (corporation) FAMILY SOUP	07				
 If thi box 1 the state of the stat	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit of . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the organization calendar year or . X tax year beginningJUL 1, 2021 the tax year entered in line 1 is for less than 12 months, c . Change in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all membe	r the whole <u>c</u> ers the exter npt organizat 	roup, check this
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	refundable credits and		–	
	stimated tax payments made. Include any prior year overp			Зb	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879	-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)

			EXTENDED TO MAY 15, 2	023		
	Ω		Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047
Forr	пY	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			s) 2021
_			Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public
Depa Interr	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	I the latest	information.	Inspection
<u>A</u> F	or th	e 2021 calend	ar year, or tax year beginning $ m JUL1$, $ m 2021$ $ m and0$	ending J	UN 30, 2022	
	heck if pplicab	Dle: C Name of	forganization		D Employer identific	ation number
	Addre	ess SUTT	ER COUNTY PARENT NETWORK			
	Name chang	8	usiness as		68-033634	10
	Initial	v		Room/suite		
	Final returr	1650	SIERRA AVENUE #106		530-751-1	
	termi	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	553,850.
	Amer	nded VITDA	CITY, CA 95993		H(a) Is this a group re	
	Appli tion	F Name a	nd address of principal officer: ADRIENNE MALONEY		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
			FAMILYSOUP.ORG		H(c) Group exemptior	n number 🕨
ΚF	orm o	of organization:	X Corporation Trust Association Other ►	L Year	of formation: 1994 M	State of legal domicile: CA
Pa	nrt I	Summary				
0	1	Briefly describ	e the organization's mission or most significant activities: SEE S	SCHEDU	LE O	
Governance						
rna	2	Check this bo	x 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			8
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			8
ŝ	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)			12
vitio	6		of volunteers (estimate if necessary)			10
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		378,605.	502,020.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
3ev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,940.	51,830.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		427,545.	553,850.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		240,088. 0.	330,950.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	10	0.	0.
- X	b 17				116,997.	142,122.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		357,085.	473,072.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		70,460.	80,778.
- 8	19	neveriue less	expenses. Subtract line 16 from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (F	Part X, line 16)		443,405.	472,159.
Asse	21		(Part X, line 26)		53,111.	1,087.
Net Assets or -und Balances	22		fund balances. Subtract line 21 from line 20		390,294.	471,072.
	art II				,	_/_/ * / _ *
Und	er pen		I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of wh			
				1 1 1 1 1 1		
Sig	า	Signatur	e of officer		Date	
Her		KIMB	ERLY BUTCHER, BOARD PRESIDENT			
			print name and title			

	,							
Paid	Print/Type preparer's name MARK PUZDRAK, CPA	Preparer's signature MARK PUZDRAK,		/23 Check PTIN if self-employed P01296839				
raiu	MARK FUZDRAR, CFA	MARK PULDRAR, V	CFA UJ/UZ	/ 2 J self-employed FUL290039				
Preparer	Firm's name PUZDRAK CPA LLC			Firm's EIN 🕨 85-3893874				
Use Only	Firm's address 11754 JOLLYVILLE	RD STE. 102						
	AUSTIN, TX 78759			Phone no. (512) 827-2900				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
-								

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) SUTTER COUNTY PARENT NETWORK	68-0336340 Page
Pa	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: SEE SCHEDULE O	
	SEE SCHEDOLE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as $2 + 1 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + $	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses, and
4a	(Code:) (Expenses \$ 229,848 · including grants of \$) (Reve	enue \$
		ILDREN BETWEEN
	THE AGES OF 3 YEARS AND 22 YEARS OLD ACCESS TO INFORMAT	ION, TRAINING
	AND SUPPORT NEEDED TO BE EFFECTIVELY INVOLVED WITH THEIR	R CHILDREN'S
	EDUCATION. THIS PROJECT SERVED OVER 400 FAMILIES. THERE	
	4800 CONTACTS WITH PARENTS AND MORE THAN 6400 CONTACTS W	√ITH
	PROFESSIONALS.	
4b	(Code:) (Expenses \$ 42,684. including grants of \$) (Reve	
	ABLE RIDERS THERAPEUTIC HORSEBACK RIDING PROGRAM-SERVED	
	RIDERS AND HAD THE SUPPORT OF VOLUNTEERS WHO LED AND SII	-
	GROOMED HORSES AND SET UP AND TOOK DOWN FOR THE EVENING ADDITION TO THE WEEKLY RIDING SESSIONS, ABLE RIDERS PART	
	FOUR COMMUNITY ACTIVITIES: 4H HORSE SHOW, PUMPKINS AND H	
	SHOW, INFORMATION DAY AT TRACTOR SUPPLY HARDWARE AND THE	
	CHRISTMAS PARTY AND 4H ELECTION NIGHT.	
	70 700	
4c	(Code:) (Expenses \$78,702. including grants of \$) (Reverses \$)	
	A SUSPECTED OR RECENT DIAGNOSIS AND LIVE IN SUTTER, YUBA	
	COUNTIES. THROUGH THIS GRANT WE OFFER 12 PEER COACHING S	
	10 HOURS TOTAL) TO HELP FAMILIES LEARN ABOUT THEIR CHILI	
	DIAGNOSIS, HOW TO GET CONNECTED WITH SERVICES, AND REACH	H THEIR
	INDIVIDUALIZED GOALS. MEDICAL DIAGNOSIS NOT NECESSARY TO) PARTICIPATE.
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 65,327 · including grants of \$) (Revenue \$)
4e	Total program service expenses > 416,561.	· · · · · · · · · · · · · · · · · · ·
		Form 990 (202
13200	2 12-09-21	

Form 990 (PARENT	NETWORK
Part IV	Ch	ecklist of Required So	hedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI		- 23	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
132003	12-09-21	Form	990 ((2021)

132003 12-09-21

Form	990	(2021)
	330	

 Form 990 (2021)
 SUTTER
 COUNTY
 PARENT
 NETWORK

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

	· (contract)		Vee	Ne
22	Did the examination report more than \$5,000 of grants or other exciptions to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
24a	Schedule J 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		Х
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?	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		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		<u> </u>
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%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	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?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
b	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 gaming (gambling) winnings to prize winners?	4.5		
13000	(gambling) winnings to prize winners?	Eorm	990	(2021)
102004				(

Part V Statements Regarding Other HIS Filings and Tax Compliance (continued) 2a Exter the number of employee reported on Form W.3. Transmittal of Wage and Tax Statements. 12 3a Exter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 12 b It at least one is reported on Ine 2a, dd the organization file al required feedual required feedual required feedual required feedual employment tax returns? 2a X 3b Dot the organization have unrelated business grass income of 51,000 or more during the year? 3a X 3b Dot the organization have unrelated business grass income of 51,000 or more during the year? 3a X 3c Dot the organization have unrelated business grass income of 51,000 or more during the year? 3a X 3c Diff Yea, ' inside al organization tait was income a sing that a or other francial account? 3a X 3c Dot any tasside party notify the organization tait in an enormaly combibilied ta sheller transaction? 5a X 3c Dot any tasside party notify the organization nat it was or a party to a porthibitiot ta sheller transaction? 5a X 3c Dot any tasside party notify the organization nat it was related ta on shellow tasside tas shellow transaction? 5a X 3c <t< th=""><th>Form</th><th>990 (2021) SUTTER COUNTY PARENT NETWORK 68-0336</th><th>340</th><th>Р</th><th>age 5</th></t<>	Form	990 (2021) SUTTER COUNTY PARENT NETWORK 68-0336	340	Р	age 5						
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	132005		Form	990	(2021)						

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Form **990** (2021) 2021.05050 SUTTER COUNTY PARENT NETW 01-00021

Form 990 (2021)

SUTTER COUNTY PARENT NETWORK

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	b Enter the number of voting members included on line 1a, above, who are independent 1b									
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the									
			•	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6	Did the organization have members or stockholders?			6		X				
7a										
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		X				
	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea									
а	The governing body?	,	5-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
				10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	· · · · · · · · · · · · · · · · · · ·									
с										
	on Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	rith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section 501(c)(3)	s only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	of interest policy, an	d finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨							
	FAMILY SOUP - 530-751-1925									
	1650 SIERRA AVENUE, YUBA CITY, CA 95993									

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Form **990** (2021)

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05050 SUTTER COUNTY PARENT NETW 01-00021

Form 990 (2					NETWORK	68-03					
Part VII	Compensation	of Officers	, Directors	s, Trustees	, Key Employees,	Highest Compensated					
Employees, and Independent Contractors											

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck i ss per	more rson i) than o s both pr/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ADRIENNE MALONEY	40.00								_	_
EXECUTIVE DIRECTOR	0.00	Х		Х				60,010.	0.	0.
(2) KIMBERLY BUTCHER PRESIDENT	0.50	x		x				0.	0.	0.
(3) SUKHJIT PUREWAL	0.50			- 23						
TREASURER	0.00	х		x				0.	0.	0.
(4) CYNTHIA MARTINEZ	0.50									
SECRETARY	0.00	Х		Х				0.	0.	0.
(5) LADONNA CURTEMAN	0.50									
MEMBER	0.00	Х						0.	0.	0.
(6) MATTHEW MILLER	0.50									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(7) JANINE HUGHES	0.50									
MEMBER	0.00	Х						0.	0.	0.
(8) KINDLELON RESPICIO	0.50									
MEMBER	0.00	Х						0.	0.	0.
(9) NICOLO OROZCO	0.50								0	0
MEMBER	0.00	Х						0.	0.	0.
						-				
132007 12-09-21	1					1	I	1		Form 990 (2021)

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Form 990 (2021) SUTTER CC	DUNTY PA	RE	\mathbf{NT}	N.	\mathbf{ET}	WO:	RK		68-03	36340) Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) (B) (C) Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)							an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimate mount o other	
(list any hours for related organizations below line) line) line) line) line line line line line line line line											npensat from the ganizati nd relate ganizatio	e on ed
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A		· · · · · · · · · · · · · · · · · · ·	· · · · · · ·]]	> >	60,010. 0. 60,010.		0.0.0.		0. 0. 0.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	listeo	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable		Yes	0 No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su 	uch individual								·····	3		X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,000? <i>If</i> "Yes, ccrue compen	" <i>col</i> Isatio	<i>mple</i> on fro	te S om a	<i>che</i> any	<i>dule</i> unre	<i>J fe</i> late	or such individual ed organization or indivic	lual for services	4		X X
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	<u> </u>	or su	<u>cn p</u>	berso	<u>on .</u> .] 3	1 1	21
1 Complete this table for your five highest cor the organization. Report compensation for t										ensation f	rom	
(A) Name and business address NONE							(B) Description of s	ervices		(C) ensatior	ר	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	hos 0		ed	above) who received mo	pre than	Form	י 990 (2	2021)

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		SUTTER COUNTY	PARENT 1	NETWORK		68-0336	340 Page 9
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response of	r note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total levenue		business revenue	from tax under
	-						sections 512 - 514
ts ts	1	a Federated campaigns 1a					
ran		b Membership dues 1b					
G U		c Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d		1			
i, G nila			496,788.				
Sir		f All other contributions, gifts, grants, and					
utio		similar amounts not included above 1f	5,232.				
trib Ott			5,252.				
pu			`	502,020.			
o a		h Total. Add lines 1a-1f		302,020.			
		F	Business Code				
ce	2	a					
ervi		b					
o Si		c					
lev		d					
Program Service Revenue		e					
Ъ		f All other program service revenue					
		g Total. Add lines 2a-2f	►				
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6		()				
	-	b Less: rental expenses 6b					
		d Net rental income or (loss)	(ii) Other				
	1						
		assets other than inventory 7a					
		b Less: cost or other basis					
venue		and sales expenses 7b					
ver		c Gain or (loss)					
Re		d Net gain or (loss)	🕨				
Other Re	8	a Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	42,304.				
		b Less: direct expenses	0.				
		c Net income or (loss) from fundraising events		42,304.			42,304.
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns	····· 🖌				
		-					
			⊾				
		c Net income or (loss) from sales of inventory					
s			Business Code	0 500	0 500		
eor	11	a OTHER REVENUE	621610	9,526.	9,526.		
anc		b					
cell		c					
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d	►	9,526.			
	12	Total revenue. See instructions	►	553,850.	9,526.	0.	42,304.
13200	9 12-0	09-21					Form 990 (2021)

SUTTER COUNTY PARENT NETWORK 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).

0000				, , , , , , , , , , , , , , , , , , , ,	
	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
•	and domestic governments. See Part IV, line 21				
•					
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 010	F2 467	7 542	
	trustees, and key employees	60,010.	52,467.	7,543.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	270,940.	232,473.	38,467.	
8	Pension plan accruals and contributions (include	-	-	-	
•	section 401(k) and 403(b) employer contributions)				
•					
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,842.	38,842.		
17	Travel	1,963.	1,963.		
18	Payments of travel or entertainment expenses	1	,		
10					
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4			
22	Depreciation, depletion, and amortization	1,561.		1,561.	
23	Insurance	9,240.	9,240.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	25,008.	25,008.		
	EQUIPMENT AND REPAIR	24,975.	24,975.		
b	UTILITIES	11,908.	11,908.		
C.			11,900.		0 040
d	EVENT EXPENSES	8,940.	40 20-		8,940.
е	All other expenses	19,685.	19,685.		
25	Total functional expenses. Add lines 1 through 24e	473,072.	416,561.	47,571.	8,940.
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 Fight and for the second s				

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Form 990 (2021)

Form 990 (2021)

SUTTER COUNTY PARENT NETWORK Part X Balance Sheet

68-0336340 Page 11

		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	4	Cash pap interact bearing			240,124.	1	233,039.
	1	Cash - non-interest-bearing			109,000.	2	102,587.
	3	Savings and temporary cash investments			105,000.	2	102,507.
	4	Pledges and grants receivable, net	88,938.	4	132,751.		
	5	Accounts receivable, netLoans and other receivables from any current of	00,550.	4	152,7510		
	5	trustee, key employee, creator or founder, sub					
					5		
	6	controlled entity or family member of any of the			5		
	0	Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe				6	
	7	Notes and loans receivable, net		7			
Assets	8			8			
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges	2,415.	9	2,415.		
		Land, buildings, and equipment: cost or other	·····		2,113.	9	2,4130
	lua		100	17 813			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	<u>17,813.</u> 16,446.	2,928.	10c	1,367.
	11			10,1100	275201	11	<u> </u>
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq		443,405.	16	472,159.	
	17	Accounts payable and accrued expenses			3,811.	17	1,087.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
lida		controlled entity or family member of any of the				22	
Lis	23	Secured mortgages and notes payable to unre		F	49,300.	23	
	24	Unsecured notes and loans payable to unrelate		Г	-	24	
	25	Other liabilities (including federal income tax, p	ayables to				
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			53,111.	26	1,087.
		Organizations that follow FASB ASC 958, ch	eck here	► X			
sec		and complete lines 27, 28, 32, and 33.					
lano	27	Net assets without donor restrictions			390,294.	27	471,072.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC	khere 🕨 🗌				
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or e	quipment	fund		30	
t As	31	Retained earnings, endowment, accumulated i				31	
Nei	32	Total net assets or fund balances		L	390,294.	32	471,072.
	33	Total liabilities and net assets/fund balances			443,405.	33	472,159.

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 4773,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 7 8 8 0 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances (explain on Schedule O) 9 0. 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1 471, 072. Part XIII Financial Statements and Reporting		990 (2021) SUTTER COUNTY PARENT NETWORK	68-033	6340	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 553,850. 2 Total expenses (must equal Part IX, column (A), line 25) 2 473,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 6 7 7 7 8 Poiro period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 </th <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 473,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 7 6 7 6 7 8 6 7 8 9 0ter changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Check if Schedule 0 contains a response or note to any line in this Part XII 1 10 471,072. Check if Schedule 0 contains a response or note to any line in this Part XII 12 2a X Check if Schedule 0 contains a tratements compiled or reviewed by an independent accountart? 2a X 14 1 Accounting method used to prepare the F		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 473,072. 3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Net unrealized gains (losses) on investments 6 7 6 7 6 7 8 6 7 8 9 0ter changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Check if Schedule 0 contains a response or note to any line in this Part XII 1 10 471,072. Check if Schedule 0 contains a response or note to any line in this Part XII 12 2a X Check if Schedule 0 contains a tratements compiled or reviewed by an independent accountart? 2a X 14 1 Accounting method used to prepare the F						
3 Revenue less expenses. Subtract line 2 from line 1 3 80,778. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 390,294. 5 Bonated services and use of facilities 5 6 7 8 6 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Za X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Za X X If "Yes," check ab box below to indicate whether the financial statements for the year were co	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 390,294. 5 Net unrealized gains (losses) on investments 6 0 bonated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 11 Check if Schedule O contains a response or note to any line in this Part XII 11 Check if Schedule O contains a response or note to any line in this Part XII 12 Vere 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 X 11 fr 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 16 TYes," check a box below	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 Yees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 3 3 b Were the organization's financial statements audited by an independent accountant? 1 1 1 2a 2a 2b 2b 2c 2c 3 3 4 1 1 4 2a 3 3 3 4 3 4 4 4 4 4 4 4 5 5 6 7 7 4 4 5 4 5 5 5 5 6 7 7 6 7	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XII Financial Statements and Reporting 10 471,072. Part XII Financial Statements and Reporting 10 471,072. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 H* res, 'check a box below to indicate whether the financial statements and reporting 2a X 1 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 1 M* res, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 M* res, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, c	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	0,2	94.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XII Financial Statements and Reporting 10 471,072. Check if Schedule O contains a response or note to any line in this Part XII 10 471,072. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, revivew, or compilation of its fin	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XII Financial Statements and Reporting 10 471,072. Check if Schedule O contains a response or note to any line in this Part XII 10 471,072. Part XII Financial Statements and Reporting 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 16 Were the organization's financial statements audited by an independent accountant? 2b X 1 16 Were the organization's financial statements audited by an independent accountant? 2b X 1 16 Were the organization set as easis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: <th>6</th> <td></td> <td>6</td> <td></td> <td></td> <td></td>	6		6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XII Financial Statements and Reporting	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 471,072. Part XII Financial Statements and Reporting	8	Prior period adjustments	8			
column (B) 10 471,072. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 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 or an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X Image: X Image: X Image: X Image: X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: X		column (B))	10	47:	1,0'	72.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c X 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 o					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a 3a X If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
separate basis, consolidated basis, or both: Image: Separate basis Image: Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? Image: Separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Separate basis Image: Consolidated basis Image: Separate basis Image: Separate basis Image: Consolidated basis Image: Separate basis Image: Separate basis Image: Consolidated basis Image: Separate basis Image: Separate basis Image: Consolidated basis Image: Separate basis Image: Separate basis Image: Consolidated basis Image: Separate basis Image: Separate basis Image: Consolidated basis <	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2 X c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X 3a X Ja X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c X c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 4		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image:		X Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
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c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis				
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c		X
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	L

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

1

Name of the orga	anization
------------------	-----------

Nam	lame of the organization Employer identification number										
				PARENT NETWO				6	8-0336340		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ie general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must c	complete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus									
С		Type III functionally inte						ly integrate	d with,		
		its supported organization		-							
d		Type III non-functionally						-			
		that is not functionally int			•		-	an attentiv	reness		
		requirement (see instructi		-							
е		Check this box if the orga					Type I, Type	II, Type III			
-		functionally integrated, or	<i>y</i> 1	hally integrated supportion	ng organiza	ation.					
f		er the number of supported o	•								
<u> </u>		vide the following information) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	2	support (see instructions)		
				above (see instructions))	100						
Total											

SUTTER COUNTY PARENT NETWORK

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						2160070.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	393,438.	393,080.	486,514.	378,605.	508,433.	2160070.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,136.	4,706.	3,660.		0.	11,502.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,367.	1,754.	3,948.	21,206.	3,113.	38,388.
11	Total support. Add lines 7 through 10						2209960.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
0	organization, check this box and stor						
	ction C. Computation of Publi						07 74
	Public support percentage for 2021 (I					14	<u>97.74</u> % 96.31%
	Public support percentage from 2020					15	/ -
16a	33 1/3% support test - 2021. If the c						N V
L.	stop here. The organization qualifies		-			ar mara abaali thi	······································
a	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
Ŀ	meets the facts-and-circumstances te	-		• • • •		Za and line 15 is 1	P
a	10% -facts-and-circumstances test						10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	T UIU HOL CHECK & I		a, 100, 17a, 01 17D	, CHECK THIS DOX A		(Form 990) 2021
						Conedule A	

132022 01-04-22

Part III	Support	Schedule for	or Organizat	tions Desc	ribed in Se	ction 509(a)(2)
Schedule A	(Form 990)) 2021	SUTTER	COUNTY	PARENT	NETWORK	

SUTTER COUNTY PARENT NETWORK

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

Se	ction A. Public Support	<u> </u>							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	e) 2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7:	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
I	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support			•	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e	e) 2021	(f) Total	
9	Amounts from line 6								
10;	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
ŀ	• Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,	
	check this box and stop here				-		, ,	►[
Se	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15			%
	Public support percentage from 2020					16			%
Se	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17			%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18			%
19a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%	6, and line 17	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition		▶[
ŀ	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore thar	n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly suppo	orted or	ganization	▶[
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structio	ns	►	
1320	23 01-04-22						Schedule A	(Form 990) 2	021

SUTTER COUNTY PARENT NETWORK

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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).*
- **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.**
- **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.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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.*
 - **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.)

132024 01-04-21

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SUTTER COUNTY PARENT NETWORK

...

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 affectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the tax of the organization.	s officers, (s) upported		
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

132025 01-04-22

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

1

SUTTER COUNTY PARENT NETWORK

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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

Schedule A (Form 990) 2021

SUTTER COUNTY PARENT NETWORK

|--|

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	. .		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5					
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020	Excess from 2020			
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

NATURE AND SOURCE				
2017 AMOUNT: \$	8,367.			
2018 AMOUNT: \$	1,754.			
2019 AMOUNT: \$	3,948.			
2020 AMOUNT: \$	21,206.			
2021 AMOUNT: \$	9,526.			
INVESTMENT RETUR	<u>N</u>			
2021 AMOUNT: \$	-6,413.			

Schedule A (Form 990) 2021

08080302 161107 01-000299

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	SUTTER COUNTY PARENT NETWORK	68-0336340			
Organization type (check	Drganization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General Rule or a Special Rule.					

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

General Rule

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

Special Rules

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

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

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

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

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

08080302 161107 01-000299

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a)	(b)		(c)
No.	Name, address, and ZIP + 4		otal conti
1	CALIFORNIA DEPARTMENT OF EDUCATION	_	
	1430 N ST. RM. 2401	\$	27
	SACRAMENTO, CA 95814	_	
(a)	(b)		(c)
No.	Name, address, and ZIP + 4	To	otal cont
2	PROP 10 (SUTTER CO. CHILDREN AND FAMILIES COMMISSION)	_	
	1445 VETERNS MEMORIAL CIRCLE	\$	4
	<u>YUBA CITY, CA 95993</u>	_	
(a)	(b)		(c)
No.	Name, address, and ZIP + 4	To	tal cont

Schedule B (Form 990) (2021) Name of organization

SUTTER COUNTY PARENT NETWORK

Employer identification number

(d)

Type of contribution

68-0336340

(c)

Total contributions

X Person Payroll 272,453. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 SUTTER CO. HEALTH AND HUMAN SERVICES X Person Payroll 539 GARDEN HWY., STE C 22,949. Noncash \$ (Complete Part II for YUBA CITY, CA 95991 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution WARMLINE FAMILY RESOURCE CETNER X Person Payroll 2424 CASTRO WAY 87,828. Noncash \$ (Complete Part II for SACRAMENTO, CA 95818 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution SUTTER CO SUPERINTENDENT OF SCHOOLS OFFICE X Person Payroll 970 KLAMATH LANE 33,564. Noncash (Complete Part II for YUBA CITY, CA 95993 noncash contributions.) (c) (d) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

3

(a)

No.

(a)

No.

(a)

No.

5

4

from Part I	(۵) Description of noncash property given	FMV (or estimate) (See instructions.)	(ɑ) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
. .		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
		\$	

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

(b)

Part II

(a)

No.

SUTTER COUNTY PARENT NETWORK

(d)

Employer identification number

68 - 0336340

(c)

123453 11-11-21

Schedule B (Form 990) (2021)

08080302 161107 01-000299

Schedule B	3 (Form 990) (2021)		Page 4
Name of or	ganization		Employer identification number
SUTTER	COUNTY PARENT NETWORK		68-0336340
Part III		 h) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les 	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(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, a 	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(-) N-			
(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, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	1
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990) (2021)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

SUTTER COUNTY PARENT NETWORK

Employer identification number 68 - 0336340

Par	t I Organizations Maintaining Donor Advised		Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	ourpose conferr	ing
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) 🛛 🗌 Preser	vation of a histo	prically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in t	he form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic strue	cture included in (a)		2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		dling of	
	violations, and enforcement of the conservation easements it l			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing o	conservation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	I statements that	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue sta	tement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or resea	arch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes th	iese items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statem	ent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	h in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			► \$
-	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Sche		COUNTY PARI						68-03			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	easures, or O	ther S	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check ar	ny of the f	following that ma	ake sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	е	e 🛄 Ot	her							
с	Preservation for future generations										
4											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganizatio	n answered "Ye	s" on Fo	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1 a	Is the organization an agent, trustee, custodia								٦	_	1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tab	le:					A		
									Amoun	t	
	Beginning balance						1c				
d Additions during the year 1d											
-	e Distributions during the year 1e										
f Or	0						1f		Vee		
	Did the organization include an amount on Fo					•		L	Yes		_ No □
_	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in										
		(a) Current year	(b) Pric		(c) Two years b) Three v	/ears back	(e) Fou	vears	back
10	Beginning of year balance	(u) ourront your	(6)1110	, you			,		(0) 1 00	youro	Suon
1a b	Contributions										
0	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a c	column (a)) held as:						
a	Board designated or quasi-endowment		%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Permanent endowment		_/*								
		<u> </u>									
•	The percentages on lines 2a, 2b, and 2c show	-									
3a	Are there endowment funds not in the posses		tion that a	re held ar	nd administered	for the c	organiza	ation			
	by:	0					Ũ			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	(c) Acci depre	umulate	ed	(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other			1	7,813.	1	.6,44	46.		1,3	67.
	. Add lines 1a through 1e. (Column (d) must e		X. column	(B). line 1	0c.)					1,3	67.
		-						A . I			0004

Schedule D (Form 990) 2021

132052 10-28-21

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (h) must equal Form 000 Dart V. col. (B) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 🛛			
Part IX Other Assets.			
	I on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the organization a	I on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the organization a		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (a)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (b) Description of liability	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) if (a) if (a)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) in (b) (a) (a) (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) (a) Description of liability (1) Federal income taxes	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (1) (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) if ((a) if (a) if (a) if ((a) if ((a	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

SUTTER COUNTY PARENT NETWORK

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 SUTTER COUNTY PARENT NE	68-0336340 Page 4				
	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements					
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	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1					
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.)	4b				
с	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,					
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.				
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2 d				
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1					
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.)	4b				
С	Add lines 4a and 4b		4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)				
Pa	rt XIII Supplemental Information.					

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

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	Complete if the	or if the	2021						
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number								
		COUNTY PARENT NETW	ORK				68-0336		
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa) highest paid indiv	f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (ơ	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
		on is registered or licensed to solicit c			or boo boon notified	itio	womat from ro	aistration	
or licensing.	ich the organizatio	In is registered or licensed to solicit c	Contrib	utions	or has been notified	IT IS (exempt from re	gistration	
HA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-F			Schedule	e G (Form 990) 2021	

SUTTER COUNTY PARENT NETWORK

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. (a) through
			BISTRO	CAMPAIGN		
			(event type)	(event type)	(total number)	col. (c))
Jue						
Revenue	1	Gross receipts	29,170.	13,134.		42,304.
Å	-		,	,		, <u>,</u>
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	29,170.	13,134.		42,304.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				
Å						
š	7	Food and beverages				
Dire						
_	8	Entertainment				
	9	Other direct expenses				
	10		• • · · · · · · · · · · · · · · · · · ·		•	
	11	Net income summary. Subtract line 10 from I			•	42,304.
Pa	ırt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
shue				bingo/progressive bingo		col. (a) through col. (c))
Revenue						
£	1	Gross revenue				
s	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
Ê						
Direct	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	Νο	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
b) If "	Yes," explain:				
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 20	D21 SUTTER	COUNTY	PARENT NETWORK	68-	0336340	Page 3
11 Does the organization					Yes	No
12 Is the organization a	grantor, beneficiary or trus	tee of a trust, o	r a member of a partnership o	r other entity formed		
to administer charita	ble gaming?				Yes	No
13 Indicate the percent	age of gaming activity cond	ucted in:				
a The organization's fa	cility				13a	%
					13b	%
14 Enter the name and	address of the person who	prepares the o	rganization's gaming/special e	events books and records:		
Name						
Address 🕨						
15a Does the organization	n have a contract with a th	rd party from w	hom the organization receives	s gaming revenue?	Yes	No No
b If "Yes," enter the ar	nount of gaming revenue re	ceived by the c	organization 🕨 💲	and the amount		
	etained by the third party					
	and address of the third pa					
Name						
Address 🕨						
16 Gaming manager inf	ormation.					
	ormation.					
Name 🕨						
	mpensation > \$					
Gaming manager co	npensation 🕨 ş					
Description of servic	es provided 🕨					
Director/offic	er Employe	e	Independent contractor			
17 Mandatory distributi	ons:					
a Is the organization re	equired under state law to n	nake charitable	distributions from the gaming	proceeds to		
retain the state gam	ng license?				Yes	No
b Enter the amount of	distributions required unde	r state law to b	e distributed to other exempt	organizations or spent in the		
	xempt activities during the					
				2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
150, 150, 16	, and 17b, as applicable. A	so provide any	additional information. See in	structions.		
132083 10-21-21				Sche	dule G (Form	990) 2021

Schedule C	
	0

Part IV Supplemental Information (continu	ied)	
		Schedule G (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

SUTTER COUNTY PARENT NETWORK

68-0336340

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

OUR MISSION IS TO EMPOWER FAMILIES OF CHILDREN WITH SPECIAL NEEDS

THROUGH SUPPORT AND EDUCATION TO REACH THEIR FULL POTENTIAL AS MEMBERS

OF THE CONNUNITY.

FORM 990, PART III, LINE 1-ORGANIZATION MISSION

AT FAMILY SOUP WE ARE DEDICATED TO SUPPORTING, ENCOURAGING AND

PROVIDING INFORMATION AND FACILITATED REFERRAL TO HELP FAMILIES WITH

CHILDREN WITH SPECIAL NEEDS NAVIGATE COMPLEX SERVICES SYSTEMS. WE OFFER

A VARIERTY OF PROGRAMS FOR PARENTS/CAREGIVERS AND CHILDREN. WE STRONGLY

BELIEVE IN THE POWER OF PARENT-TO-PARENT SUPPORT AND THE ROLE OF

PARENTS AS THEIR CHILD'S BEST ADVOCATE. THE FAMILY SOUP MISSION IS TO

ENPOWER FAMILIES OF CHILDREN WITH SPECIAL NEEDS THROUGH SUPPORT AND

EDUCATION TO REACH THEIR FULL POTENTIAL AS MEMBERS OF THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPECIAL NEEDS PROGRAM-THE PROJECT SERVES SUTTER COUNTY FAMILIES WITH AT LEAST ONE CHILD 0-6 YEARS WITH SPECIAL NEEDS. THERE ARE OVER 2,000 CONTACTS WITH FAMILIES.

EARLY START FAMILY RESOURCE CENTER PROGRAM-SERVED MORE THAN 130

FAMILIES WITH A CHILD BETWEEN THE AGE OF 0 AND 36 MONTHS. FAMILIES ARE

REFERRED FROM ALTA CALIFORNIA REGIONAL CENTER. THERE WERE MORE THAN 900

CONTACTS WITH PARENTS AND MORE THAN 2400 CONTACTS WITH PROFESSIONALS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21

Name of the organization

SERVING THIS POPULATION.

CAP GRANT-EARLY IDENTIFICATION AND INTERVENTION FOR AT RISK CHILDREN

AND FAMILIES, TREATMENT/COUNSELING SERVICES FOR CHILD ABUSE VICTEMS AND

THEIR FAMILIES, AND PARENT EDUCATION TRAINING INCLUDING SUPPORT

SERVICES TO STRENGHTEN PARENTAL RELATIONSHIPS.

EXPENSES \$ 65,327. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

<u>N/A</u>

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE RETURN PRIOR TO THE RETURN BEING FILED.

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

BOARD MEMBERS INFORM THE BOARD OF ANY POTENTIAL CONFLICT OF INTEREST. THESE BOARD MEMBERS ARE EXCUSED FROM ANY MEETING, DISCUSSION, VOTING OR OTHER MATTERS PERTAINING TO THIS ISSUE. THE PRESIDENT INQUIRES IF THERE IS ANY POTENTIAL CONFLICT OF INTEREST BEFORE ANY MATTER IS DISCUSSED OR PRESENTED BEFORE THE BOARD. EXCUSED BOARD MEMBERS CANNOT INQUIRE OR DISCUSS THE MATTER WITH OTHERS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD, BASED ON CAPABILITY DATA AND SURVEY

RESULTS FROM FAMILY RESOURCE CENTER NETWORKS AND ASSOCIATES AND OTHER

SOURCES, DETERMINES REASONABLE COMPENSATION FOR THEIR POSITIONS. THE

RECOMMENDATIONS AND SUPPORTING SCHEDULES ARE PRESENTED TO THE BOARD FOR
132212 11-11-21 Schedule O (Form 990) 2021

08080302 161107 01-000299

2021.05050 SUTTER COUNTY PARENT NETW 01-00021

UPON	WRITTEN	REQUEST	ONLY.	DOCUMENTS	то	BE MZ	AILED.			
32212 11-1	1-21							Schedu	ıle O (Form 9	90) 202

REVIEW AND APPROVAL.

SUTTER COUNTY PARENT NETWORK

Employer identification number 68-0336340

Page **2**