	_		EXTENDED TO MAY 15, 2024 Return of Organization Exempt From	Income Tax	OMB No. 1545-0047						
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2022						
Do not enter social security numbers on this form as it may be made public.											
Dep: Inter	artment of nal Reven	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest		Open to Public Inspection						
			ar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023							
В	Check if applicable	C Name o	forganization	D Employer identifica	tion number						
	Addres	SUTT	ER COUNTY PARENT NETWORK								
	Name		usiness as	68-033634	0						
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/sui SIERRA AVENUE #106	te E Telephone number 530-751-1	925						
	return/ termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	544,002.						
	Amend		CITY, CA 95993	H(a) Is this a group retu							
	Applica tion	^{a-} F Name a	nd address of principal officer: ADRIENNE MALONEY	for subordinates?							
	pendin		AS C ABOVE	H(b) Are all subordinates inclu							
1	Tax-exe	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5	27 If "No," attach a lis							
	Websit		FAMILYSOUP.ORG	H(c) Group exemption	number						
			X Corporation Trust Association Other L Ye	ar of formation: 1994 M s	State of legal domicile: CA						
P		Summary									
đ	1		e the organization's mission or most significant activities: AT FAMILY								
u c		TO SUPP	ORTING, ENCOURAGING AND PROVIDING INFOR	RMATION AND FA	CILITATED						
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of mo	re than 25% of its net asset	ts. 8						
٥ ٨	3										
			lependent voting members of the governing body (Part VI, line 1b)		8						
se	5	Total number		12							
viti	6	Total number	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		0.						
			-	Prior Year	Current Year						
e	8	Contributions	and grants (Part VIII, line 1h)	502,020.	533,731.						
Revenue	9	0	ce revenue (Part VIII, line 2g)	0.	0.						
sev Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.						
	ייין		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,830.	9,250.						
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	553,850.	542,981.						
	1		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.						
		•	to or for members (Part IX, column (A), line 4)	0.	0.						
se	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	330,950.	367,101.						
sus	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	b		ing expenses (Part IX, column (D), line 25) 0 .	140,100	104 808						
ш	1 "	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	142,122.	124,727.						
	1	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	473,072.	491,828.						
		Revenue less	expenses. Subtract line 18 from line 12	80,778.	51,153.						
t Assets or			F	Beginning of Current Year	End of Year						
sset	1 20		Part X, line 16)	472,159.	536,704.						
it As			(Part X, line 26)	1,087.	14,479.						
Inet			fund balances. Subtract line 21 from line 20	471,072.	522,225.						
	art II	Signature									
			I declare that I have examined this return, including accompanying schedules and state		nowledge and belief, it is						
true	e, correc [®]	t, and complete	. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.							

Sign	Signature of officer				Date	
Here	KIMBERLY BUTCH	ER, BOARD P	RESIDENT			
	Type or print name and title					
	Print/Type preparer's name		Preparer's signature		Date	Check PTIN
Paid	MARK PUZDRAK, 🤇	CPA	MARK PUZDRAK,	CPA	12/08/23	self-employed P01296839
Preparer	Firm's name	PUZDRAK AN	D STORTZ LLC		Firm's	SEIN 85-3893874
Use Only	Firm's address	11754 JOLL	YVILLE RD STE.	102		
		AUSTIN, T	X 78759		Phon	eno.(512) 827-2900
May the IF	RS discuss this return with th	ne preparer shown abo	ve? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork	k Reduction Act Notio	ce, see the separate instru	ctions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Τ

Form	990 (2022) SUTTER COUNTY PARENT NETWORK	68-0336340	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: SEE SCHEDULE 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	XNo
	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	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	manage word by average	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
	revenue, if any, for each program service reported.		u
4a	001 101	iue\$)
		LDREN BETWEEN	1
	THE AGES OF 3 YEARS AND 22 YEARS OLD ACCESS TO INFORMATI		
	AND SUPPORT NEEDED TO BE EFFECTIVELY INVOLVED WITH THEIR		
	EDUCATION. THIS PROJECT SERVED OVER 400 FAMILIES. THERE		AN
	4800 CONTACTS WITH PARENTS AND MORE THAN 6400 CONTACTS W PROFESSIONALS.	TUH	
	FROFESSIONALS.		
4b			
	ABLE RIDERS THERAPEUTIC HORSEBACK RIDING PROGRAM-SERVED		
	RIDERS AND HAD THE SUPPORT OF VOLUNTEERS WHO LED AND SID 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 P		
	SHOW, INFORMATION DAY AT TRACTOR SUPPLY HARDWARE AND THE		
	CHRISTMAS PARTY AND 4H ELECTION NIGHT.		
4c	(Code:) (Expenses \$ 34,818. including grants of \$) (Reven		
40		YEARS OLD WIT	Н
	A SUSPECTED OR RECENT DIAGNOSIS AND LIVE IN SUTTER, YUBA		
	COUNTIES. THROUGH THIS GRANT WE OFFER 12 PEER COACHING S		JT
	10 HOURS TOTAL) TO HELP FAMILIES LEARN ABOUT THEIR CHILD	'S NEEDS AND	
	DIAGNOSIS, HOW TO GET CONNECTED WITH SERVICES, AND REACH		
	INDIVIDUALIZED GOALS. MEDICAL DIAGNOSIS NOT NECESSARY TO	PARTICIPATE.	,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 117,176 · including grants of \$) (Revenue \$)	
4e	Total program service expenses 439, 560.		
		Form 99	90 (2022)
23200	2 12-13-22		

Form 990 (PARENT	NETWORK
Part IV	Checklist o	f 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	X	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	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			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	x	
h	Part VI	11a		
0	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	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			
ŭ	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	Х	
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	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	
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		X
20a	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		X
232003	12-13-22	Form	990 ((2022)

Form	990	(2022)
FUIII	330	120221

 Form 990 (2022)
 SUTTER
 COUNTY
 PARENT
 NETWORK

 Part IV
 Checklist of Required Schedules (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			
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> </u>
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	04-		x
la la	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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
b	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			
	"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
~ ~	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	04		x
25 0	Part V, line 1	34		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	35a		
D	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?	550		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa			-	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
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?	1c		
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Form	990 (2022) SUTTER COUNTY PARENT NETWORK 68-0336	340	Р	age 5
Par			-	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	
Lu	filed for the calendar year ending with or within the year covered by this return 2a 12			
h		2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		- 23	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit			
	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 contributions or gifts			
		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		<u> </u>
		7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	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 was required			37
	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 contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16		16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		- 23
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
232005	12-13-22	Form	1 990	(2022)

Sec	tion 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	3		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)	-1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records			
	$\frac{\text{FAMILY SOUP} - 530 - 751 - 1925}{1650 \text{ STEPPA AVENUE VUBA CTTV CA 95993}}$			
	1650 SIERRA AVENUE, YUBA CITY, CA 95993	F	000	(0000)
232006	3 12-13-22	Forn	990 9	(2022)

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

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.

Form 990 (2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		ne	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ru stee	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	In stitutional trustee	L_	Key employee	st coi	5	10001120)		organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) ADRIENNE MALONEY	40.00									
EXECUTIVE DIRECTOR		X		x				47,024.	Ο.	0.
(2) KIMBERLY BUTCHER	0.50									
PRESIDENT		X		x				0.	Ο.	0.
(3) SUKHJIT PUREWAL	0.50									
TREASURER		х		x				0.	Ο.	0.
(4) CYNTHIA MARTINEZ	0.50									
SECRETARY		Х		x				0.	Ο.	0.
(5) MATTHEW MILLER	0.50									
VICE PRESIDENT		Х		x				0.	Ο.	0.
(6) JANINE HUGHES	0.50									
MEMBER		Х						0.	0.	0.
(7) KINDLELON RESPICIO	0.50									
MEMBER		Х						0.	0.	0.
(8) NICOLO OROZCO	0.50									
MEMBER		Х						0.	0.	0.
					<u> </u>					
		<u> </u>			-					

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Form 990 (2022)

Form 990 (2022)	SUTTER CO	DUNTY PA	RE	\mathbf{NT}	Ν	ET	WO	RK		68-0336	<u>5340</u>	Page 8		
Part VII Section	A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)									1 0	F)				
Na	me and title	Average	Position						Reportable	Reportable		nated		
144		hours per	(do i		OURS per (do not check more than one box, unless person is both an						compensation	compensation		unt of
						a director/trustee)			from	from related		her		
		(list any	tor						the	organizations		ensation		
		hours for	direct						organization	(W-2/1099-MISC/		n the		
		related	e or	stee			sated		(W-2/1099 MISC/	1099-NEC)		ization		
		organizations	ruste	l trus		æ	nper		1099-NEC)	10001120)	J Ŭ	elated		
		below	lual t	tiona		yold	st coi yee	<u>_</u>				zations		
		line)	ndividual trustee or director	nstitutional trustee	Officer	ey en	Highest compensated employee	Former			- gain			
			-		0	×	Ξæ	<u> </u>			+			
											1			
				\vdash			\vdash				+			
		├												
			_	\vdash		\square	\vdash				+			
		┝────┤												
				\mid			\square							
											+			
41. 0.111.1.1									47,024.	0.		0.		
1b Subtotal											_			
c Total from co	ntinuation sheets to Part VI	I, Section A							0.	0.	_	0.		
d Total (add line	es 1b and 1c)		<u></u>						47,024.	0.	<u>, </u>	0.		
2 Total number	of individuals (including but n	ot limited to the	ose	listec	d ab	ove)) wh	o re	ceived more than \$100,	000 of reportable				
compensation	from the organization											0		
											Y	es No		
3 Did the organi	zation list any former officer,	director. truste	e. k	ev ei	npl	ovee	e. or	hia	hest compensated emp	lovee on				
	s," complete Schedule J for s				•	-					3	X		
	dual listed on line 1a, is the su										Ŭ			
												x		
	ganizations greater than \$150										4			
	n listed on line 1a receive or a											37		
	e organization? If "Yes," com	plete Schedule	J fo	or su	ch p	perso	on .				5	X		
Section B. Indeper														
1 Complete this	table for your five highest co	mpensated ind	epei	nden	t co	ontra	actor	s th	nat received more than \$	100,000 of compens	ation from	i.		
the organization	on. Report compensation for	the calendar ye	ar e	ndin	g wi	ith o	or wit	hin	the organization's tax y	ear.				
	(A)							Τ	(B)		(C)			
	Name and business	address	NC	ONE					Description of s	ervices	Compensa	ation		
								+						
								\dashv						
								T						
								1						
2 Total number	of indopondant apatractors (:		+ 11	aitad	to *	har			abova) who received	ara than				
	of independent contractors (ii		ינוווז	med	ι0 Τ			ea	above) who received mo					
\$100.000 of c	ompensation from the organiz	zation				0	,							

Form 990 (2022)

Pa	rt VIII	Statement of Revenue					
		Check if Schedule O contains a respo	onse or note to any line	e in this Part VIII	(B)	(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g	Membership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1f	463,165. 70,566.				
<u>0 e</u>	h	Total. Add lines 1a-1f		533,731.			
Program Service Revenue		All other program service revenue					
	3	Investment income (including dividends, in	nterest, and				
		Royalties					
	c d	Rental income or (loss) 6c Net rental income or (loss) Gross amount from sales of (i) Securit	ies (ii) Other				
Revenue	b	assets other than inventory 7a Less: cost or other basis 7b					
eve		Gain or (loss) 7c					
Other R	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses					
	с	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19		7,830.			7,830.
	с	Less: direct expenses Net income or (loss) from gaming activitie	9b				
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventor	10a 10b				
reous	11 a	OTHER REVENUE	Business Code 621610	1,420.	1,420.		
Miscellaneous Revenue	d	All other revenue		1,420.			
	12	Total revenue. See instructions	Ì	542,981.	1,420.	0.	7,830.
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Form 990 (2022)

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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	On 30 ((c)(3) and 30 ((c)(4) organizations must comp				
	Check if Schedule O contains a response	se or note to any line in t	this Part IX	(C)	
		Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,				
Ŭ	trustees, and key employees	47,024.	41,113.	5,911.	
•		17,021.	41,113.	5,511.	
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	320,077.	275,087.	44,990.	
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				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	37,917.	37,917.		
		1,538.	1,538.		
17	Travel	I,JJU.	±,550•		
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	1,367.		1,367.	
23	. Г	8,566.	8,566.		
	Other expenses. Itemize expenses not covered	0,000.	0,000.		
24	above. (List miscellaneous expenses not covered				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	28,595.	28,595.		
b	EQUIPMENT AND REPAIR	18,947.	18,947.		
с	PUBLIC AWARENESS	10,038.	10,038.		
d	UTILITIES	8,090.	8,090.		
	All other expenses	9,669.	9,669.		
	·	491,828.	439,560.	52,268.	0.
25	Total functional expenses. Add lines 1 through 24e	¥J1,040•	±39,000.	JZ,200.	U •
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

SUTTER COUNTY PARENT NETWORK

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			233,039.	1	326,337.
	2				102,587.	2	101,733.
	3					3	
	4	Accounts receivable, net			132,751.	4	92,821.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			2,415.	9	2,415.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	17,813.			
	b	Less: accumulated depreciation	10b	<u>17,813.</u> 17,813.	1,367.	10c	0.
	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		0.	15	13,398.	
	16	Total assets. Add lines 1 through 15 (must equa	472,159.	16	536,704.		
	17	Accounts payable and accrued expenses	1,087.	17	1,081.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	—				20	
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
itie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
Ξ.	23	Secured mortgages and notes payable to unrela	ted third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0.		13,398.
	26	Total liabilities. Add lines 17 through 25			1,087.	26	14,479.
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			471,072.	27	522,225.
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ę		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 ec	luipmen	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		L	471,072.	32	522,225.
	33	Total liabilities and net assets/fund balances			472,159.	33	536,704.

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536,704. Form **990** (2022)

	990 (2022) SUTTER COUNTY PARENT NETWORK	68-033	6340	Paç	_{je} 12	
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	542	,98	81.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	491	.,82	28.	
3	Revenue less expenses. Subtract line 2 from line 1	3	51 471		53.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5	Net unrealized gains (losses) on investments	5				
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	522	, 22	<u>25.</u>	
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
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	e O.				
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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2022)

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
2022
Open to Public

Inspection Employer identification number

Name of the	organization
-------------	--------------

INAII		une organization מוזישים		PARENT NETWO	שכ				8-0336340		
Pa	rt I	Reason for Public (nis part.) S	ee instruction		0-0330340		
		i ization is not a private found									
1)(A)(i).				
2	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	\square	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	\square	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 bv a go	vernmental ur	nit describe	ed in		
•		section 170(b)(1)(A)(iv). (C		5		, ,					
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).				
	Χ	An organization that norma	-					e general r	public described in		
		section 170(b)(1)(A)(vi). (C	-		onn a gore			general			
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college		
		or university or a non-land-g									
		university:	, , ,	, , , , , , , , , , , , , , , , , , ,				0			
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from		
		activities related to its exem									
		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). (Con	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 tl	he functior	ns of, or to ca	ry 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 5	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	supporting organization	n and com	olete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ctions A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatior	n(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
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 I	I, Type III			
	F	functionally integrated, or				ation.					
		er the number of supported o	-								
g		vide the following informatior (i) Name of supported	(ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other		
		organization	.,	(described on lines 1-10	in your governi Yes	ng document?	support (see in	-	support (see instructions)		
				above (see instructions))	100						
Tota	al										

Part II

SUTTER COUNTY PARENT NETWORK

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	393,080.	486,514.	378,605.	508,433.	530,609.	2297241.			
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	393,080.	486,514.	378,605.	508,433.	530,609.	2297241.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						2297241.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	393,080.	486,514.	378,605.	508,433.	530,609.	2297241.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4,706.	3,660.				8,366.			
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.)	1,754.	3,948.	21,206.	3,113.	4,542.	34,563.			
11	Total support. Add lines 7 through 10			,		, -	2340170.			
	Gross receipts from related activities,	etc. (see instructio	uns)		1	12				
	First 5 years. If the Form 990 is for the	-				01(c)(3)				
	organization, check this box and stop	-		-						
Sec	ction C. Computation of Publi									
-	Public support percentage for 2022 (I			olumn (f))		14	98.17 %			
	Public support percentage from 2021					15	97.74 %			
	33 1/3% support test - 2022. If the o					ore, check this bo	(and			
	stop here. The organization qualifies						V			
b	33 1/3% support test - 2021. If the o		-							
	and stop here. The organization qual					,				
17a	10% -facts-and-circumstances test		• •							
_	and if the organization meets the fact									
	meets the facts-and-circumstances te			-	-					
b	10% -facts-and-circumstances test	-								
	more, and if the organization meets th									
	organization meets the facts-and-circu									
18	Private foundation. If the organization									
							(Form 990) 2022			

232022 12-09-22

Section	D.	Comput

Schedule A (Form 990) 2022

14	14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
	check this box and stop here						
Se	ction C. Computation of Public Support Percentage						
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%				
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%				
Se	ction D. Computation of Investment Income Percentage						
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%				
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%				
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not				
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion					
k	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 33 1/3%, and				
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly suppo	rted	organization				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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

Schedule A (Form 990) 2022

(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	<u></u>							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services 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								
	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
h	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.)								
Sec	ction B. Total Support		1	1		1	I		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975	L							
	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.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	for which an CCU is	<u> </u>		<u> </u>		
14	First 5 years. If the Form 990 is for the	-			-				
Sec	check this box and stop here								
-	Public support percentage for 2022 (I			column (f))		15	%		
16	Public support percentage from 2022 (i Public support percentage from 2021					16	%		
	tion D. Computation of Invest						/0		
	Investment income percentage for 20			ine 13, column (f))		17	%		
18	Investment income percentage from					18	%		
	33 1/3% support tests - 2022. If the								
	more than 33 1/3% check this box and stop here . The organization qualifies as a publicly supported organization								

12191208 161107 01-000299 2022.05010 SUTTER COUNTY PARENT NETW 01-00021

No

Yes

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

CIIMMED

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? No 13 Has the organization accepted a gift or contribution from any of the following persons? No 14 Has the organization accepted a gift or contribution from any of the following persons? No 14 A family member of a person described on line 11a above? 11a 11a 15 A family member of a person described on line 11a or 11b above? if "Yes" to line 11a, 11b, or 11c, provide detail in Part N. 11c 11c Section B. Type I Supporting Organizations Yes No Yes No 11c 11c Section B. Type I Supporting Organizations have the power to regularly appoint or elect at least a majority of the organization for supported organization or supported organization and what conditions or restrictions, if any, applied to such powers during the tax year? Yes No 1 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year? 1 1 2 Did the organization operate for the benefit of any supported organization (%) that operated, approximation was vested organization (%) that operated, approximation was vested or deganization (%) if "No," describe in Part VI how control or management of the supporting Organization? 2 1 1 Were a majority of t	-		08-0336340	J Pa	age 5							
11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of Control Control of Control Control of Contrel Control of Control of Cont	Pa	rt IV Supporting Organizations (continued)										
 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? A family member of a person described on line 11a alove? A A 53% controlled entity of a person described on line 11a bove? A family member of a person described on line 11a ove? A Softion B. Type I Supporting Organizations To differ the governing body, members of the governing body, officers acting in their official capacity, or membership of one or directors, or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization's directors, or trustees at all times during the tax yea? If 'No,' describe in Part VI how the support direct all and the organization and/or remove officers, directors, or trustees were allocated among the support of organization operate for the benefit of any supported organization and intere supporting organization. 2 Did the organization operate for the benefit carried out the purposes of the supported organization. 2 Ection C. Type II Supporting Organization. 3 were any of the organization's supported organization. 4 Were a majority of the organization's supported organization. 4 Were any of the organization's supported organization. 5 Ection C. Type II Supporting Organization. 5 Ection C. Type II Supporting Organization. 5 Ection C. Type II Supporting Organization. 5 Ection C. New of the organization's supported organization. 6 A supported organization's supported organization. 6 A support of the organization's supported organization. 6 A controlled the supporting Organization. 6 A controlled the supporting Organization. 7 Were any of the organization's supported organization. 8 Were any of the organization's supported organizations, by the last day of the fifth month of the organization's din				Yes	No							
11c below, the governing body of a supported organization? 11a 11b 0 A tamily member of a person described on line 11 a above? 4.35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide drail in Part VI. 11c 11c Section B. Type I Supporting Organizations 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 gover to regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or controlled the organization is directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) deficitive organization ad morg the supported organization ad mong the supported organizations and what conditions or restrictions, if any, applied to such powers to ungular the xyear. 1 2 Did the organization operated for the benefit of any supported organization? 2 Section C. Type II Supporting Organizations Yes No Yes No <td c<="" td=""><td>11</td><td>Has the organization accepted a gift or contribution from any of the following persons?</td><td></td><td></td><td></td></td>	<td>11</td> <td>Has the organization accepted a gift or contribution from any of the following persons?</td> <td></td> <td></td> <td></td>	11	Has the organization accepted a gift or contribution from any of the following persons?									
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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 one or more supported organizations have the power to regularly apoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of the organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations or restrictions, if any, applied to such powers during the tax year. 1		11c below, the governing body of a supported organization?	11a									
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	Sec	tion E. Type III Functionally Integrated Supporting Organizations	ii									
	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).									
a The organization satisfied the Activities rest. Complete fine z perow.	а		-									
b The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>	b											

c 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 2b 3a 3b

Schedule A (Form 990) 2022

232025 12-09-22

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete :	(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		
	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-functiona	lly integrate	d Type III supporting orga	nization (see

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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232026 12-09-22

Schedule A (Form 990) 2022 SUTTER COUNTY PARENT NETWORK Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia

PARENT NETWORK	68-0336340
(a)(3) Supporting Organizations	(continued)

Page 7

Secti	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer	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 purpose	es 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 (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 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
-	Excess from 2018						
-	Excess from 2019						
-	Excess from 2020						
-	Excess from 2021						
e	Excess from 2022						

Schedule A (Form 990) 2022

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

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

NATURE AND SOURCE
2018 AMOUNT: \$ 1,754.
2019 AMOUNT: \$ 3,948.
2020 AMOUNT: \$ 21,206.
2021 AMOUNT: \$ 9,526.
2022 AMOUNT: \$ 1,420.
INVESTMENT RETURN
<u>2021 AMOUNT: \$ -6,413.</u>
2022 AMOUNT: \$ 3,122.

Schedule A (Form 990) 2022

232028 12-09-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

Employer identification number

68	- (03	3	6	3	4	0
00		5	-	v	-	-	v

Name o	f the	organization

Urganization 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.

SUTTER COUNTY PARENT NETWORK

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 for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total s

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.

Schedule B (Form 990) (2022)

Name of organization

SUTTER COUNTY PARENT NETWORK Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 1 CALIFORNIA DEPARTMENT OF EDUCATION 1430 N ST. RM. 2401 273,321. \$ (Complete Part II for SACRAMENTO, CA 95814 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** PROP 10 (SUTTER CO. CHILDREN AND 2 FAMILIES COMMISSION) 1445 VETERNS MEMORIAL CIRCLE 40,000. (Complete Part II for YUBA CITY, CA 95993 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 3 SUTTER CO. HEALTH AND HUMAN SERVICES 539 GARDEN HWY., STE C 22,949. (Complete Part II for YUBA CITY, CA 95991 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 4 WARMLINE FAMILY RESOURCE CETNER 2424 CASTRO WAY 64,121. \$ (Complete Part II for SACRAMENTO, CA 95818 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** SUTTER CO SUPERINTENDENT OF SCHOOLS 5 OFFICE 970 KLAMATH LANE 33,564. (Complete Part II for YUBA CITY, CA 95993 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** \$

Page 2

Employer identification number

(d)

Type of contribution

X

Х

X

Х

Х

68-0336340

Person Payroll

Noncash

Person Payroll Noncash

noncash contributions.) Schedule B (Form 990) (2022)

(Complete Part II for

(d)

Type of contribution

223452 11-15-22

Parti			
		\$	
(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
			1
— <u> </u>			
		\$	

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

SUTTER COUNTY PARENT NETWORK

(b)

Description of noncash property given

12191208 161107 01-000299

(d)

Date received

68-0336340

(c)

FMV (or estimate)

(See instructions.)

(a)

No.

from

David

Name of organization

Schedule I	B (Form 990) (2022)		Page 4					
Name of o	organization		Employer identification number					
SUTTE	R COUNTY PARENT NETWORK		68-0336340					
Part III		tions to organizations described in sect a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or let	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No.								
From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·		(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990) (2022)

SCHEDULE D	

(Form 9	90)
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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.

2022 Open to Public Inspection

Employer identification number

68-0336340

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SUTTER COUNTY PARENT NETWORK

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
0	Does each conservation easement reported on line 2(d) abov	a action the requirements of eastion 170	
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
5	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	Irtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance 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 treater	asures, or other similar assets for financia	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		

Sche		COUNTY PAR					68-	-033	86340	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other S	Similar As	sets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	< any of the f	following that	t make sigr	nificant use o	of its			
	collection items (check all that apply):										
а	Public exhibition	c	d L	Loan or exc	hange progra	am					
b	Scholarly research	e	e 🗌								
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	ne organizatio	on's exemp	ot purpose in	Part X	311 .		
5	During the year, did the organization solicit o	r receive donations (of art, hi	storical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	e organizatio	n answered	"Yes" on F	orm 990, Pa	rt IV, lir	ne 9, or		
	reported an amount on Form 990, Pa	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						?	🗌	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 (c	d) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administer	red for the					
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or c		(b) Cost	or other	(c) Acc	cumulated		(d) Book	value	e
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land			ļ							
b	Buildings										
с	Leasehold improvements										
d	Equipment			ļ							
e	Other			1	7,813.		17,813.	•			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colur</u>	nn (B), line 1	0c.)						0.
							Sch	edule l	D (Form	990)	2022

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(0) 20011 0.00		
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of your market yolyo
	(D) DOOK VAIUE	(c) Method of Valuation. Cost of end	u-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· · ·		(b) Book value
(1) Federal income taxes			
(1) OPERATING LEASE LIABILITY			13,398
(3)			
(4)			
(5)			
••			
(6)			
(7)			
(8)			
(9)			12 200
Total. (Column (b) must equal Form 990, Part X, col. (B) line	-		13,398
2. Liability for uncertain tax positions. In Part XIII, provide t	ne text of the footnote to	the organization's financial statements t	nat reports the

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 SUTTER COUNTY PARENT NETWORK Part VII Investments - Other Securities.

68-0336340	Page 3

12191208 161107 01-000299

Sche	dule D (Form 990) 2022 SUTTER COUNTY PARENT NETWO	DRK	68-0336340 Page 4
-	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue pe	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
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		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 Statem	ents 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	. 2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
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.)		
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pai	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.

232054 09-01-22

Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regard	ing Fund	draisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes' organization entered more that				r 19 ,	or if the	2022
Department of the Treasury		Attach to Form 9						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for in	structions	and t	ne latest information	n.	Employer	identification number
rtanie er tile erganization		COUNTY PARENT NE	TWORK				68-033	
Part I Fundrais		Complete if the organization ar		es" or	n Form 990, Part IV, I	ine 1		
	complete this part							
	0	ed funds through any of the foll	•		,			
a Mail solicitat	ions email solicitations			•	overnment grants			
b Internet and c Phone solici			ecial fundr	0	nment grants			
d In-person so		g 🛄 Sp		aising	events			
•		or oral agreement with any indivi	dual (inclue	ding of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, Pa	art VII) or entity in connection w	ith profess	ional fu	undraising services?		ו 🗌	/es No
	-	viduals or entities (fundraisers) p	ursuant to	agree	ments under which th	ne fur	ndraiser is to	be
compensated at le	ast \$5,000 by the	organization.						
	a of individual		_(iii	, Did			Amount pai	
(i) Name and addres or entity (fund		(ii) Activity	have o	raiser custody ntrol of	(iv) Gross receipts from activity		or retained b fundraiser	y) to (or retained by)
			contrib	outions?		lis	ted in col. (i)	organization
			Yes	No				
				<u> </u>				
-								
		I		1				
Total	ala dha ann airteath	a to positive and so the second t				:4.7-		
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to so	licit contrib	outions	or has been notified	IT IS 6	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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	
			CAMPAIGN			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue					· · · ·	
Ver	1	Gross receipts	8,851.			8,851.
Ве	'	Gross receipts	0,051.			0,0510
		Lasse Castelle diana				
	2	Less: Contributions				
			0 0 5 1			0 0 5 1
	3	Gross income (line 1 minus line 2)	8,851.			8,851.
	4	Cash prizes				
	5	Noncash prizes				
ses						
en:	6	Rent/facility costs				
Direct Expenses						
štl	7	Food and beverages				
Dire						
_	8	Entertainment				
	9	Other direct expenses	1,021.			1,021.
	10	Direct expense summary. Add lines 4 through				1,021.
	11	. , ,	() () () () () () () () () ()			7,830.
Pa	irt I					,
		\$15,000 on Form 990-EZ, line 6a.		, , , , ,		
		. ,		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				0.11.0		(-7 5 (-7)
В		0				
	1	Gross revenue				
es	2	Cash prizes				
ens						
ă	3	Noncash prizes				
Direct Expenses						
)ire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	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)			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				
~						
10-		re any of the organization's gaming licenses re	wokod suspandad arta	rminated during the tax y	voar?	Yes No
					cai (
D	11 "	Yes," explain:				
_	_					

12191208 161107 01-000299