

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

|  |   |   |   |  |
|--|---|---|---|--|
| <b>B</b> Check if applicable:  | <b>C</b>  | <b>D</b> Employer identification number   |   |  |
| <input type="checkbox"/> Address change  | CRISIS INTERVENTION SERVICES<br>D.B.A. SIERRA COMMUNITY HOUSE<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451 | 94-2985554  |   |  |
| <input type="checkbox"/> Name change   |   | <b>E</b> Telephone number   | (775) 298-0010  |  |
| <input type="checkbox"/> Initial return  |   | <b>G</b> Gross receipts \$  | 5,302,988.  |  |
| <input type="checkbox"/> Final return/terminated   |   | <b>H(a)</b> Is this a group return for subordinates?                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <input type="checkbox"/> Amended return  |   | <b>H(b)</b> Are all subordinates included?<br>If "No," attach a list. See instructions. | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <input type="checkbox"/> Application pending   | <b>F</b> Name and address of principal officer: PAUL BANCROFT<br>SAME AS C ABOVE                              | <b>H(c)</b> Group exemption number ▶  |   |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   |   |   |  |
| <b>J</b> Website: ▶ WWW.SIERRACOMMUNITYHOUSE.ORG   |   |   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶            | <b>L</b> Year of formation: 1982  | <b>M</b> State of legal domicile: CA  |   |  |

| Part I Summary  |   |            | Prior Year | Current Year |
|---|---|------------|------------|--------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: WE CONNECT AND EMPOWER OUR COMMUNITY THROUGH FAMILY STRENGTHENING, CRISIS INTERVENTION, HUNGER RELIEF, AND LEGAL SERVICES. |            |            |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |            |            |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>   | 12         |              |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>   | 12         |              |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....   | <b>5</b>   | 69         |              |
|   | <b>6</b> Total number of volunteers (estimate if necessary) .....   | <b>6</b>   | 100        |              |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>  | 0.         |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... | <b>7b</b>   | 0.         |            |              |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h) .....  | <b>8</b>   | 6,432,339. | 5,284,336.   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) .....   | <b>9</b>   | 4,965.     | 4,965.       |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | <b>10</b>  | 2,729.     | 5,021.       |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | <b>11</b>  | 8,753.     | 8,666.       |
|   | <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | <b>12</b>  | 6,443,821. | 5,302,988.   |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....  | <b>13</b>  | 1,053,633. | 1,276,930.   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....   | <b>14</b>  |            |              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | <b>15</b>  | 3,105,890. | 3,283,865.   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....  | <b>16a</b> |            |              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,123.   | <b>16b</b> |            |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | <b>17</b>  | 1,206,345. | 901,208.     |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | <b>18</b>  | 5,365,868. | 5,462,003.   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                  | <b>19</b>   | 1,077,953. | -159,015.  |              |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16) .....  | <b>20</b>  | 4,570,025. | 4,562,049.   |
|   | <b>21</b> Total liabilities (Part X, line 26) .....   | <b>21</b>  | 227,943.   | 282,663.     |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | <b>22</b>  | 4,342,082. | 4,279,386.   |

**Part II Signature Block**

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

|   |  |  |                        |
|---|--|--|------------------------|
| <b>Sign Here</b>  | Signature of officer   | Date   |                        |
|   | PAUL BANCROFT<br><small>Type or print name and title</small> | EXECUTIVE DIRECTOR   |                        |
| <b>Paid Preparer Use Only</b>                                       | Print/Type preparer's name                                   | Preparer's signature   | Date                   |
|   | JAMES H. FRITZSCHE, CPA                                      |  |                        |
|   | Firm's name ▶ FRITZSCHE ASSOCIATES                           | Check <input type="checkbox"/> if self-employed PTIN P00423351 |                        |
| Firm's address ▶ 1511 CORPORATE WAY STE 220<br>SACRAMENTO, CA 95831 | Firm's EIN ▶ 320343346                                       |  | Phone no. 916-422-2111 |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE CONNECT AND EMPOWER OUR COMMUNITY THROUGH FAMILY STRENGTHENING, CRISIS INTERVENTION, HUNGER RELIEF, AND LEGAL SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,643,518. including grants of \$ ) (Revenue \$ )

CRISIS INTERVENTION & PREVENTION - SIERRA COMMUNITY HOUSE PROVIDES INDIVIDUAL COUNSELING, SUPPORT GROUPS, EMERGENCY ASSISTANCE, AND OTHER SUPPORT SERVICES FOR BOTH ADULT AND CHILD SURVIVORS OF INTIMATE PARTNER/DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND CHILD ABUSE. ALL OF OUR SERVICES ARE DESIGNED TO EMPOWER VICTIMS IN RECLAIMING THEIR RIGHTS AND TO PROVIDE THE TOOLS INDIVIDUALS AND FAMILIES NEED ON THE ROAD TO SAFETY AND RECOVERY.

THE AGENCY'S PREVENTION PROGRAM PROVIDES VIOLENCE PREVENTION EDUCATION IN ENGLISH AND SPANISH TO LOCAL SCHOOL DISTRICTS, BUSINESSES, AND ORGANIZATIONS IN NORTH LAKE TAHOE AND TRUCKEE. WE ALSO HOLD ONGOING DISCUSSION FORUMS AND FACILITATE PROJECTS ABOUT VIOLENCE PREVENTION AND OTHER ISSUES AFFECTING TRUCKEE-TAHOE.

4b (Code: ) (Expenses \$ 1,418,568. including grants of \$ ) (Revenue \$ )

FAMILY SUPPORT & COMMUNITY ENGAGEMENT - SIERRA COMMUNITY HOUSE PROVIDES CULTURALLY PROFICIENT PEER EDUCATION, ADVOCACY, RESOURCES AND SUPPORT SERVICES TO HELP INDIVIDUALS AND FAMILIES CONNECT AND THRIVE. WE HELP IMPROVE THE WELL-BEING OF COMMUNITY MEMBERS THROUGH SAFETY NET SERVICES AND BY PROVIDING RESOURCES AND EDUCATION AROUND PHYSICAL AND MENTAL HEALTH, PARENTING, CHILD DEVELOPMENT, GOVERNMENT BENEFITS, FINANCIAL COACHING, HEALTHCARE NAVIGATION, AND HOUSING ASSISTANCE.

THE PROMOTORAS SERVE AS LIAISONS BETWEEN COMMUNITY MEMBERS, HEALTH PROFESSIONALS, AND SOCIAL SERVICE ORGANIZATIONS. PROMOTORAS ARE ADVOCATES, EDUCATORS, MENTORS, COMMUNITY HEALTH OUTREACH WORKERS, AND ROLE MODELS.

4c (Code: ) (Expenses \$ 1,119,806. including grants of \$ ) (Revenue \$ )

HUNGER RELIEF - SIERRA COMMUNITY HOUSE FEEDS FAMILIES AND INDIVIDUALS BY PROVIDING WEEKLY FOOD DISTRIBUTION THROUGHOUT NORTH LAKE TAHOE-TRUCKEE. WE PROVIDE FOOD BAGS COMPRISED OF ESSENTIAL FOOD GROUPS INCLUDING FRESH SEASONAL VEGETABLES, FRUIT, WHOLE GRAINS, DAIRY, AND MEAT. OUR FOOD PANTRY PROGRAMS ARE DESIGNED TO HELP THE 1 IN 7 COMMUNITY MEMBERS IN OUR REGION WHO FACE FOOD INSECURITY. THEY ALSO OFFER THE OPPORTUNITY TO CONNECT COMMUNITY MEMBERS TO ADDITIONAL RESOURCES. SIERRA COMMUNITY HOUSE HELPS REDUCE FOOD WASTE BY RE-DISTRIBUTING RESCUED FOOD BACK INTO THE COMMUNITY. THROUGH PARTNERSHIPS WITH LOCAL GROCERY STORES, SEASONAL GARDENS & GROWERS, AND FOOD BANKS, SIERRA COMMUNITY HOUSE IS HELPING TO GET FOOD INTO THE HANDS AND MOUTHS OF OUR COMMUNITY.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 670,219. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,852,111.

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .   |            |    |
|            | <b>2a</b> 69   |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X          |    |
|            | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   |            |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |            | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . .   |            |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |            | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |            | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |            | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |            | X  |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |            | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .   |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |            | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |            | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |            |    |
|            | <b>7g</b>  |            |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |            |    |
|            | <b>7h</b>  |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |            |    |
|            | <b>8</b>   |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |            |    |
|            | <b>9a</b>  |            |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |            |    |
|            | <b>9b</b>  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .   | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders. . . . .   | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .   | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .   | <b>13a</b> |    |
|            | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |            |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .   | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand. . . . .  | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . .   | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .   | <b>15</b>  | X  |
|            | If 'Yes,' see the instructions and file Form 4720, Schedule N.   |            |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .  | <b>16</b>  | X  |
|            | If 'Yes,' complete Form 4720, Schedule O.  |            |    |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .                         | <b>17</b>  |    |
|            | If 'Yes,' complete Form 6069.  |            |    |

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed  CA
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records   
 FISCAL DIRECTOR 948 INCLINE WAY INCLINE VILLAGE NV 89451 (775) 298-0010

**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**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)<br>Name and title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---|--|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |   |  |   |
| (1) PAUL BANCROFT<br>EXECUTIVE DIR.       | 40<br>0  |   |                       | X       |              |                              | 113,492.  | 0.   | 13,592.   |
| (2) JIM MCHUGH<br>FISCAL DIRECTOR         | 40<br>0  |   |                       | X       |              |                              | 97,350.   | 0.   | 11,659.   |
| (3) MARIANA JIMENEZ CHAVEZ<br>CHAIRPERSON | 3<br>0   | X   |                       | X       |              |                              | 0.  | 0.   | 0.  |
| (4) TARA HOUSE<br>VICE CHAIR              | 2<br>0   | X   |                       | X       |              |                              | 0.  | 0.   | 0.  |
| (5) GORDON SHAW<br>TREASURER              | 2<br>0   | X   |                       | X       |              |                              | 0.  | 0.   | 0.  |
| (6) KAREN BARCHAS<br>SECRETARY            | 2<br>0   | X   |                       | X       |              |                              | 0.  | 0.   | 0.  |
| (7) DOUG BURNETT<br>DIRECTOR              | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (8) KARIN WAIDLEY KRILL<br>DIRECTOR       | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (9) PAUL EYKAMP<br>DIRECTOR               | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (10) JASMYN CARR<br>DIRECTOR              | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (11) ELIZABETH GIFFORD<br>DIRECTOR        | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (12) BARBARA KAY<br>DIRECTOR              | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (13) DEIRDRE TONER<br>DIRECTOR            | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |
| (14) REINI JENSEN<br>DIRECTOR             | 1<br>0   | X   |                       |         |              |                              | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (16) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (17) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (18) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (19) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (20) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (21) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (22) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (23) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (24) -----            |  |   |                       |         |              |                              |        |   |  |   |
| (25) -----            |  |   |                       |         |              |                              |        |   |  |   |

|  |          |    |         |
|--|----------|----|---------|
| <b>1 b Subtotal</b> .....  | 210,842. | 0. | 25,251. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.       | 0. | 0.      |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 210,842. | 0. | 25,251. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue                                    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|---|--|---|--|--|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1 a</b>  |  |   |  |  |
|  | <b>b</b> Membership dues  | <b>1 b</b>  |  |   |  |  |
|  | <b>c</b> Fundraising events   | <b>1 c</b> 39,271.                                      |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1 d</b>  |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1 e</b> 2,895,424.                                   |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1 f</b> 2,349,641.                                   |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f  | <b>1 g</b> 547,575.                                     |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f   |   | 5,284,336.   |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> COMMUNITY EVENTS                             | Business Code 900099                               | 4,965.                                  | 4,965.   |  |
| <b>b</b>   |   |   |  |   |  |  |
| <b>c</b>   |   |   |  |   |  |  |
| <b>d</b>   |   |   |  |   |  |  |
| <b>e</b>   |   |   |  |   |  |  |
| <b>f</b> All other program service revenue                           |   |   |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f                                      |   |   | 4,965.   |   |  |  |
| <b>Miscellaneous Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   | 5,021.   |   | 5,021.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |  |   |  |  |
|  | <b>5</b> Royalties  |   |  |   |  |  |
|  | <b>6 a</b> Gross rents  | (i) Real  |  |   |  |  |
|  |   | (ii) Personal   |  |   |  |  |
|  |   | <b>6 b</b> Less: rental expenses                        |  |   |  |  |
|  |   | <b>6 c</b> Rental income or (loss)                      |  |   |  |  |
|  | <b>d</b> Net rental income or (loss)  |   |  |   |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  |  |   |  |  |
|  |   | (ii) Other  |  |   |  |  |
|  |   | <b>7 b</b> Less: cost or other basis and sales expenses |  |   |  |  |
|  |   | <b>7 c</b> Gain or (loss)                               |  |   |  |  |
|  | <b>d</b> Net gain or (loss)   |   |  |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 39,271. of contributions reported on line 1c). See Part IV, line 18 |   |  |   |  |  |
| <b>8 a</b>   |   |   |  |   |  |  |
| <b>8 b</b> Less: direct expenses                                     |   |   |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events                |   |   |  |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 |   |   |  |   |  |  |
|  | <b>9 a</b>  |   |  |   |  |  |
|  | <b>9 b</b> Less: direct expenses  |   |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities                 |   |   |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less: returns and allowances   |   |   |  |   |  |  |
|  | <b>10 a</b>   |   |  |   |  |  |
|  | <b>10 b</b> Less: cost of goods sold  |   |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory                |   |   |  |   |  |  |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> OTHER REVENUE   | Business Code 900099                                    | 8,666.   | 8,666.                                  |  |  |
|  | <b>b</b>  |   |  |   |  |  |
|  | <b>c</b>  |   |  |   |  |  |
|  | <b>d</b> All other revenue  |   |  |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d   |   | 8,666.   |   |  |  |
| <b>12 Total revenue.</b> See instructions                            |   | 5,302,988.  | 13,631.  | 0.                                      | 5,021.   |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 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.....  | 1,276,930.                   | 1,276,930.                             |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.....   |                              |  |   |                                    |
| 4 Benefits paid to or for members.....  |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees.....   | 236,093.                     | 50,834.                                | 159,842.                                      | 25,417.                            |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....   | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages.....   | 2,521,626.                   | 2,293,608.                             | 105,460.                                      | 122,558.                           |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....   | 50,606.                      | 46,031.                                | 2,116.  | 2,459.                             |
| 9 Other employee benefits.....  | 251,377.                     | 228,646.                               | 10,512.                                       | 12,219.                            |
| 10 Payroll taxes.....   | 224,163.                     | 191,884.                               | 20,363.                                       | 11,916.                            |
| 11 Fees for services (nonemployees):  |                              |  |   |                                    |
| a Management.....   |                              |  |   |                                    |
| b Legal.....  |                              |  |   |                                    |
| c Accounting.....   | 25,800.                      | 20,648.                                | 5,152.  |                                    |
| d Lobbying.....   |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17,...   |                              |  |   |                                    |
| f Investment management fees.....   |                              |  |   |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.).....  | 30,926.                      | 27,910.                                |   | 3,016.                             |
| 12 Advertising and promotion.....   |                              |  |   |                                    |
| 13 Office expenses.....   |                              |  |   |                                    |
| 14 Information technology.....  |                              |  |   |                                    |
| 15 Royalties.....   |                              |  |   |                                    |
| 16 Occupancy.....   | 439,110.                     | 375,878.                               | 39,889.                                       | 23,343.                            |
| 17 Travel.....  |                              |  |   |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....  |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings....   | 36,341.                      | 33,546.                                | 1,763.  | 1,032.                             |
| 20 Interest.....  |                              |  |   |                                    |
| 21 Payments to affiliates.....  |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization...   | 84,855.                      | 84,660.                                | 195.  |                                    |
| 23 Insurance.....   | 53,568.                      | 45,854.                                | 4,866.  | 2,848.                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).....   |                              |  |   |                                    |
| a <b>PROGRAM EXPENSES</b> .....   | 216,071.                     | 163,240.                               | 21,288.                                       | 31,543.                            |
| b <b>MISCELLANEOUS</b> .....  | 14,537.                      | 12,442.                                | 1,323.  | 772.                               |
| c.....  |                              |  |   |                                    |
| d.....  |                              |  |   |                                    |
| e All other expenses.....   |                              |  |   |                                    |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e....  | 5,462,003.                   | 4,852,111.                             | 372,769.                                      | 237,123.                           |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)..... |                              |  |   |                                    |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |                | (B)<br>End of year |            |
|------------------------------------|---|---|----------------|--------------------|------------|
| <b>Assets</b>                      | 1   | Cash – non-interest-bearing   | 2,150,707.     | 1                  | 2,015,715. |
|                                    | 2   | Savings and temporary cash investments  | 158,683.       | 2                  | 448,250.   |
|                                    | 3   | Pledges and grants receivable, net  | 1,202,589.     | 3                  | 898,165.   |
|                                    | 4   | Accounts receivable, net  |                | 4                  |            |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                | 5                  |            |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                | 6                  |            |
|                                    | 7   | Notes and loans receivable, net   |                | 7                  |            |
|                                    | 8   | Inventories for sale or use   | 101,466.       | 8                  | 64,809.    |
|                                    | 9   | Prepaid expenses and deferred charges   | 75,090.        | 9                  | 17,681.    |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 1,426,722. |                    |            |
|                                    | 10b   | Less: accumulated depreciation  | 10b 471,742.   |                    |            |
|                                    |   |   | 808,544.       | 10c                | 954,980.   |
|                                    | 11  | Investments – publicly traded securities  | 47,051.        | 11                 | 31,684.    |
|                                    | 12  | Investments – other securities. See Part IV, line 11  |                | 12                 |            |
|                                    | 13  | Investments – program-related. See Part IV, line 11   |                | 13                 |            |
|                                    | 14  | Intangible assets   |                | 14                 |            |
| 15                                 | Other assets. See Part IV, line 11  | 25,895.   | 15             | 130,765.           |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 4,570,025.  | 16             | 4,562,049.         |            |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 189,133.       | 17                 | 203,387.   |
|                                    | 18  | Grants payable  |                | 18                 |            |
|                                    | 19  | Deferred revenue  |                | 19                 |            |
|                                    | 20  | Tax-exempt bond liabilities   |                | 20                 |            |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                | 21                 |            |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |                | 22                 |            |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  |                | 23                 |            |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |                | 24                 |            |
| 25                                 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 38,810.   | 25             | 79,276.            |            |
| 26                                 | <b>Total liabilities.</b> Add lines 17 through 25   | 227,943.  | 26             | 282,663.           |            |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                           |   |                |                    |            |
|                                    | 27  | Net assets without donor restrictions   | 3,464,871.     | 27                 | 3,656,586. |
|                                    | 28  | Net assets with donor restrictions  | 877,211.       | 28                 | 622,800.   |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                    |   |                |                    |            |
|                                    | 29  | Capital stock or trust principal, or current funds  |                | 29                 |            |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |                | 30                 |            |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds  |                | 31                 |            |
| 32                                 | <b>Total net assets or fund balances</b>  | 4,342,082.  | 32             | 4,279,386.         |            |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 4,570,025.  | 33             | 4,562,049.         |            |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 5,302,988. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 5,462,003. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -159,015.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 4,342,082. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -8,551.    |
| 6  | Donated services and use of facilities   | 6  |            |
| 7  | Investment expenses  | 7  |            |
| 8  | Prior period adjustments   | 8  | 121,321.   |
| 9  | Other changes in net assets or fund balances (explain on Schedule O). <u>SEE SCHEDULE O</u>                    | 9  | -16,451.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,279,386. |

**Part XII Financial Statements and Reporting**

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

|   |  | Yes | No |
|---|--|-----|----|
| 1   | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | X   |    |
| 3b  | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     | X   |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>CRISIS INTERVENTION SERVICES<br/>D.B.A. SIERRA COMMUNITY HOUSE</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   | 1,955,404. | 2,273,052. | 5,459,850. | 6,432,339. | 5,284,336. | 21,404,981. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |            |            |            |            |            | 0.          |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge  |            |            |            |            |            | 0.          |
| 4 <b>Total.</b> Add lines 1 through 3.   | 1,955,404. | 2,273,052. | 5,459,850. | 6,432,339. | 5,284,336. | 21,404,981. |
| 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). |            |            |            |            |            | 1,613,513.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 19,791,468. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4.  | 1,955,404. | 2,273,052. | 5,459,850. | 6,432,339. | 5,284,336. | 21,404,981.              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  | 5,068.     | 774.       | 267.       | 2,729.     | 5,021.     | 13,859.                  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.   | 134,159.   | 49,981.    | 41,046.    | 1,356.     |            | 226,542.                 |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.  | 3,877.     | 10,423.    | 7,177.     | 7,397.     | 8,666.     | 37,540.                  |
| 11 <b>Total support.</b> Add lines 7 through 10.  |            |            |            |            |            | 21,682,922.              |
| 12 Gross receipts from related activities, etc. (see instructions).   |            |            |            |            | 12         | 6,640.                   |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . |            |            |            |            |            | <input type="checkbox"/> |

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

|   |    |                                     |
|---|----|-------------------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).   | 14 | 91.28 %                             |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14.  | 15 | 90.89 %                             |
| 16a <b>33-1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.   |    | <input checked="" type="checkbox"/> |
| b <b>33-1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.  |    | <input type="checkbox"/>            |
| 17a <b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.    |    | <input type="checkbox"/>            |
| b <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. |    | <input type="checkbox"/>            |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   |    | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5.  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| c Add lines 7a and 7b.  |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6.  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| c Add lines 10a and 10b.  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| 14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |    |                      |
|---|----|----------------------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | 15 | <input type="text"/> |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15.                       | 16 | <input type="text"/> |

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

|  |    |                      |
|--|----|----------------------|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | <input type="text"/> |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17.                         | 18 | <input type="text"/> |

- 19a **33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- b **33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

**a**  The organization satisfied the Activities Test. Complete line 2 below.

**b**  The organization is the parent of each of its supported organizations. Complete line 3 below.

**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.

|   | Yes | No |
|---|-----|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

|   |  |  |
|---|--|--|
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>                            |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> |  |  |

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

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

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

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

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

| <b>Section D – Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| 1                                | Amounts paid to supported organizations to accomplish exempt purposes  | 1                   |
| 2                                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2                   |
| 3                                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3                   |
| 4                                | Amounts paid to acquire exempt-use assets  | 4                   |
| 5                                | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)   | 5                   |
| 6                                | Other distributions (describe in Part VI). See instructions.   | 6                   |
| 7                                | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7                   |
| 8                                | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8                   |
| 9                                | Distributable amount for 2021 from Section C, line 6   | 9                   |
| 10                               | Line 8 amount divided by line 9 amount   | 10                  |

| <b>Section E – Distribution Allocations (see instructions)</b> | <b>(i)<br/>Excess<br/>Distributions</b>   | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|---|---|--|
| 1  | Distributable amount for 2021 from Section C, line 6  |   |  |
| 2  | Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.   |   |  |
| 3  | Excess distributions carryover, if any, to 2021   |   |  |
| a  | From 2016 .....   |   |  |
| b  | From 2017 .....   |   |  |
| c  | From 2018 .....   |   |  |
| d  | From 2019 .....   |   |  |
| e  | From 2020 .....   |   |  |
| f  | <b>Total</b> of lines 3a through 3e   |   |  |
| g  | Applied to underdistributions of prior years  |   |  |
| h  | Applied to 2021 distributable amount  |   |  |
| i  | Carryover from 2016 not applied (see instructions)  |   |  |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |  |
| 4  | Distributions for 2021 from Section D, line 7: \$   |   |  |
| a  | Applied to underdistributions of prior years  |   |  |
| b  | Applied to 2021 distributable amount  |   |  |
| c  | Remainder. Subtract lines 4a and 4b from line 4.  |   |  |
| 5  | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |   |  |
| 6  | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |   |  |
| 7  | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |   |  |
| 8  | Breakdown of line 7:  |   |  |
| a  | Excess from 2017 .....  |   |  |
| b  | Excess from 2018 .....  |   |  |
| c  | Excess from 2019 .....  |   |  |
| d  | Excess from 2020 .....  |   |  |
| e  | Excess from 2021 .....  |   |  |

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

**PART II, LINE 10 - OTHER INCOME**

| NATURE AND SOURCE | 2021             | 2020             | 2019             | 2018              | 2017             |
|-------------------|------------------|------------------|------------------|-------------------|------------------|
| OTHER INCOME      | \$ 8,666.        | \$ 7,397.        | \$ 7,177.        | \$ 10,423.        | \$ 3,877.        |
| TOTAL             | <u>\$ 8,666.</u> | <u>\$ 7,397.</u> | <u>\$ 7,177.</u> | <u>\$ 10,423.</u> | <u>\$ 3,877.</u> |

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

|   |  |
|---|--|
| Name of the organization<br>CRISIS INTERVENTION SERVICES<br>D.B.A. SIERRA COMMUNITY HOUSE | Employer identification number<br>94-2985554 |
|---|--|

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

|  |  |
|--|--|
| Name of organization<br>CRISIS INTERVENTION SERVICES | Employer identification number<br>94-2985554 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | CAL OES<br>3650 SCHRIEVER AVENUE<br>MATHER, CA 95655-4203                         | \$ 1,266,165.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | PLACER COUNTY SYSTEM OF CARE<br>11716 ENTERPRISE DRIVE<br>AUBURN, CA 95603        | \$ 304,771.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | NEVADA COUNTY HHS - SOCIAL SVCS<br>950 MAIDU AVE<br>NEVADA CITY, CA 95959         | \$ 412,920.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | CA DEPT OF PUBLIC HEALTH (CDPH)<br>PO BOX 997377, MS 7214<br>SACRAMENTO, CA 95899 | \$ 124,778.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | TAHOE TRUCKEE COMMUNITY FNDN<br>PO BOX 366<br>TRUCKEE, CA 96160                   | \$ 154,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | FIRST 5 PLACER<br>1229 PLEASANT GROVE<br>ROSEVILLE, CA 95678                      | \$ 230,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>CRISIS INTERVENTION SERVICES</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | THE MARTIS FUND<br>-----<br>PO BOX 10390<br>-----<br>TRUCKEE, CA 96160<br>-----                              | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | CA FAMILY RESOURCE ASSOCIATION<br>-----<br>1229 PLEASANT GROVE BLVD<br>-----<br>ROSEVILLE, CA 95678<br>----- | \$ 228,870.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>CRISIS INTERVENTION SERVICES</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
|                           | N/A  |   |                      |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |
|                           | -----<br>-----<br>-----                      | \$ -----  | -----                |



Name of organization **CRISIS INTERVENTION SERVICES** Employer identification number **94-2985554**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$                      N/A  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | N/A                 |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

Employer identification number

CRISIS INTERVENTION SERVICES D.B.A. SIERRA COMMUNITY HOUSE

94-2985554

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Line number, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   | 71,686.                              |                                 |                              | 71,686.        |
| b Buildings  | 831,341.                             |                                 | 230,359.                     | 600,982.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  | 482,944.                             |                                 | 216,286.                     | 266,658.       |
| e Other  | 40,751.                              |                                 | 25,097.                      | 15,654.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 954,980.       |

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

N/A

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) REFUNDABLE ADVANCE   | 79,276.        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| (11)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶ | 79,276.        |

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

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

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

|   |   |    |          |            |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1        | 5,434,822. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |            |
|   | a Net unrealized gains (losses) on investments                                  | 2a | -8,551.  |            |
|   | b Donated services and use of facilities  | 2b | 156,836. |            |
|   | c Recoveries of prior year grants   | 2c |          |            |
|   | d Other (Describe in Part XIII.) SEE PART XIII                                  | 2d | -16,451. |            |
|   | e Add lines 2a through 2d   | 2e | 131,834. |            |
| 3 | Subtract line 2e from line 1  |    | 3        | 5,302,988. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |          |            |
|   | b Other (Describe in Part XIII.)  | 4b |          |            |
|   | c Add lines 4a and 4b   | 4c |          |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5        | 5,302,988. |

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

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

|   |  |    |          |            |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1        | 5,618,839. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |            |
|   | a Donated services and use of facilities   | 2a | 156,836. |            |
|   | b Prior year adjustments   | 2b |          |            |
|   | c Other losses   | 2c |          |            |
|   | d Other (Describe in Part XIII.)   | 2d |          |            |
|   | e Add lines 2a through 2d  | 2e | 156,836. |            |
| 3 | Subtract line 2e from line 1   |    | 3        | 5,462,003. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |            |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |          |            |
|   | b Other (Describe in Part XIII.)   | 4b |          |            |
|   | c Add lines 4a and 4b  | 4c |          |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5        | 5,462,003. |

**Part XIII Supplemental Information.**

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

**PART X - FASB ASC 740 FOOTNOTE**

WE HAVE EVALUATED OUR TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DO NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

|                               |    |          |
|-------------------------------|----|----------|
| CHANGE IN BENEFICIAL INTEREST | \$ | -16,451. |
| TOTAL                         | \$ | -16,451. |

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **CRISIS INTERVENTION SERVICES  
D.B.A. SIERRA COMMUNITY HOUSE**

Employer identification number  
**94-2985554**

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

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

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

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

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

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

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

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

|                 |    | (a) Event #1<br>CHOCOLATE FEST<br>(event type)               | (b) Event #2<br><br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add column (a)<br>through column (c)) |  |
|-----------------|----|--|----------------------------------|--|--|--|
| Revenue         | 1  | Gross receipts   | 39,271.                          |  | 39,271.  |  |
|                 | 2  | Less: Contributions  | 39,271.                          |  | 39,271.  |  |
|                 | 3  | Gross income (line 1 minus line 2)                           |                                  |  |  |  |
| Direct Expenses | 4  | Cash prizes  |                                  |  |  |  |
|                 | 5  | Noncash prizes   |                                  |  |  |  |
|                 | 6  | Rent/facility costs  |                                  |  |  |  |
|                 | 7  | Food and beverages   |                                  |  |  |  |
|                 | 8  | Entertainment  |                                  |  |  |  |
|                 | 9  | Other direct expenses  |                                  |  |  |  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                                  |  |  |  |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                                  |  |  |  |

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

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

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

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

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

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

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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



Department of the Treasury  
Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

Name of the organization  
CRISIS INTERVENTION SERVICES  
D.B.A. SIERRA COMMUNITY HOUSE

Employer identification number  
94-2985554

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (2) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (3) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (4) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (5) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (6) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (7) -----  |         |                                 |                          |                                  |   |                                       |                                    |
| (8) -----  |         |                                 |                          |                                  |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

3 Enter total number of other organizations listed in the line 1 table. 0

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 HUNGER RELIEF                 | 3,125                    |                          | 584,231.                         | \$1.70 PER POUND OF FOOD                              | FOOD PROVIDED TO INDIVIDUALS          |
| 2 RENTAL ASSISTANCE             | 530                      | 304,960.                 |                                  |   |                                       |
| 3 UTILITY ASSISTANCE            | 194                      | 57,257.                  |                                  |   |                                       |
| 4 MOTEL NIGHTS PROVIDED         | 297                      | 31,187.                  |                                  |   |                                       |
| 5 FOOD VOUCHERS                 | 179                      | 4,475.                   |                                  |   |                                       |
| 6 HOMELESS OUTREACH             | 8                        | 2,593.                   |                                  |   |                                       |
| 7 OTHER FINANCIAL ASSISTANCE    | 1,154                    | 22,449.                  |                                  |   |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)**

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| THERAPY AND PEER SUPPORT        | 1,010                    | 72,551.                  |                                  |   |                                       |
| LEGAL ASSISTANCE                | 25                       | 197,227.                 |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |
|                                 |                          |                          |                                  |   |                                       |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

|   |   |
|---|---|
| Name of the organization<br><b>CRISIS INTERVENTION SERVICES<br/>D.B.A. SIERRA COMMUNITY HOUSE</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

**Part I Types of Property**

|   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art – Works of art.....   |                            |   |  |   |
| 2 Art – Historical treasures.....                                 |                            |   |  |   |
| 3 Art – Fractional interests.....                                 |                            |   |  |   |
| 4 Books and publications.....                                     |                            |   |  |   |
| 5 Clothing and household goods.....                               |                            |   |  |   |
| 6 Cars and other vehicles.....                                    |                            |   |  |   |
| 7 Boats and planes.....   |                            |   |  |   |
| 8 Intellectual property.....                                      |                            |   |  |   |
| 9 Securities – Publicly traded.....                               |                            |   |  |   |
| 10 Securities – Closely held stock.....                           |                            |   |  |   |
| 11 Securities – Partnership, LLC, or trust interests.....         |                            |   |  |   |
| 12 Securities – Miscellaneous.....                                |                            |   |  |   |
| 13 Qualified conservation contribution – Historic structures..... |                            |   |  |   |
| 14 Qualified conservation contribution – Other.....               |                            |   |  |   |
| 15 Real estate – Residential.....                                 |                            |   |  |   |
| 16 Real estate – Commercial.....                                  |                            |   |  |   |
| 17 Real estate – Other.....                                       |                            |   |  |   |
| 18 Collectibles.....  |                            |   |  |   |
| 19 Food inventory.....  | X                          | 322,103   | 547,575.   | \$1.70 PER LB   |
| 20 Drugs and medical supplies.....                                |                            |   |  |   |
| 21 Taxidermy.....   |                            |   |  |   |
| 22 Historical artifacts.....                                      |                            |   |  |   |
| 23 Scientific specimens.....                                      |                            |   |  |   |
| 24 Archeological artifacts.....                                   |                            |   |  |   |
| 25 Other ▶ (.....)  |                            |   |  |   |
| 26 Other ▶ (.....)  |                            |   |  |   |
| 27 Other ▶ (.....)  |                            |   |  |   |
| 28 Other ▶ (.....)  |                            |   |  |   |

|   |           |  |
|---|-----------|--|
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement..... | <b>29</b> |  |
|---|-----------|--|

|  |             | Yes | No |
|--|-------------|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... | <b>30 a</b> |     | X  |
| b If 'Yes,' describe the arrangement in Part II.   |             |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....   | <b>31</b>   |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....  | <b>32 a</b> |     | X  |
| b If 'Yes,' describe in Part II.   |             |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |             |     |    |

---

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

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

CRISIS INTERVENTION SERVICES  
D.B.A. SIERRA COMMUNITY HOUSE

Employer identification number

94-2985554

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**MEDIATION & LEGAL ASSISTANCE**

OUR LEGAL ADVOCATES AND VOLUNTEER ATTORNEYS PROVIDE LEGAL SERVICES TO RESOLVE CIVIL LEGAL ISSUES. THROUGH EDUCATION, SUPPORT, AND CONFLICT RESOLUTION, WE CONSULT AND GUIDE COMMUNITY MEMBERS IN MATTERS RELATED TO LANDLORD-TENANT LAW, EMPLOYMENT LAW, IMMIGRATION LAW, FAMILY LAW, CIVIL LAW, SMALL CLAIMS, RESTRAINING ORDERS, AND MORE.

SIERRA COMMUNITY HOUSE BELIEVES IN EQUITABLE ACCESS TO INFORMATION, RESOURCES, AND REPRESENTATION. WE UPLIFT OUR COMMUNITY BY EMPOWERING INDIVIDUALS TO TAKE PRACTICAL STEPS THAT ADDRESS AND RESOLVE LEGAL ISSUES AND PREVENT FUTURE PROBLEMS

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE FINANCE COMMITTEE, WHICH CONSISTS OF BOARD AND STAFF MEMBERS, REVIEWS THE FORM 990, APPROVES IT FOR FILING, AND PROVIDES THE BOARD WITH A SYNOPSIS OF THIS DOCUMENT. A COPY OF THE FORM 990 WILL BE MADE AVAILABLE AT OUR INCLINE OFFICE FOR 7 DAYS FOR ANY BOARD MEMBER OR DIRECTOR WHO HAS INTEREST IN REVIEWING THIS DOCUMENT IN GREATER DETAIL.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND EVERY BOARD MEMBER IS REQUIRED AT THE INITIAL TIME OF ANY CONFLICT TO DISCLOSE TO THE BOARD AND/OR CHAIR OF THE BOARD OF THIS CONFLICT. THE CONFLICT OF INTEREST FOR STAFF IS COVERED IN THE EMPLOYEE HANDBOOK. STAFF WHO FIND THEMSELVES IN A CONFLICT OF INTEREST SITUATION MUST REPORT IT IMMEDIATELY TO THEIR IMMEDIATE SUPERVISOR OR TO THE EXECUTIVE DIRECTOR. THE BOARD REVIEW THE EMPLOYEE HANDBOOK ANNUALLY AND ALSO REVIEWS THE

CONFLICT OF INTEREST POLICY, WHICH IS PART OF THE ORGANIZATION'S BYLAWS. THE BOARD

|   |  |
|---|--|
| Name of the organization<br>CRISIS INTERVENTION SERVICES<br>D.B.A. SIERRA COMMUNITY HOUSE | Employer identification number<br>94-2985554 |
|---|--|

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

IS REMINDED OF THE IMPORTANCE OF DISCLOSING ANY AND ALL POSSIBLE CONFLICTS OF INTEREST. FOLLOWING THE BOARD'S REVIEW, THE STAFF WILL ALSO REVIEW THE EMPLOYEE HANDBOOK WHICH INCLUDES THE CONFLICT OF INTEREST POLICY.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE EXECUTIVE MEMBERS OF THE BOARD OF DIRECTORS, WHO PROVIDE A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR DELIBERATION AND DECISION. AS PART OF THE ANNUAL REVIEW, THE EXECUTIVE MEMBERS CONSIDER PERFORMANCE, ATTAINMENT OF GOALS AND TARGETS, AND COMPENSATION INFORMATION OF SIMILAR ORGANIZATIONS OF SIMILAR SIZE AND GEOGRAPHIC REGION. SUBSTANTIATION OF THE DELIBERATION AND DECISION PROCESS INCLUDES A REVIEW OF THE EXECUTIVE DIRECTOR COMPLETED BY BOARD MEMBERS AND STAFF, AND MINUTES OF THE BOARD MEETINGS STATING, DISCUSSING, AND APPROVING THE DECISION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE DISCLOSED AND MADE AVAILABLE TO ANYONE THAT REQUESTS THIS INFORMATION.

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

|                                    |       |                    |
|------------------------------------|-------|--------------------|
| CHANGE IN BENEFICIAL INTEREST..... | \$    | -16,451.           |
|                                    | TOTAL | <u>\$ -16,451.</u> |

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

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.              | Taxpayer identification number (TIN) |
|  | CRISIS INTERVENTION SERVICES<br>D.B.A. SIERRA COMMUNITY HOUSE              | 94-2985554                           |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite number. If a P.O. box, see instructions. |                                      |
|  | 948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451                               |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                    | 07          |                                   |             |

• The books are in the care of ▶ FISCAL DIRECTOR

Telephone No. ▶ (775) 298-0010 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_\_\_ or
- ▶  tax year beginning 7/01, 2021, and ending 6/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>3a</b> | \$ | 0. |
| 3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| 3c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)



TAXABLE YEAR  
**2021**

**California Exempt Organization  
Annual Information Return**

FORM  
**199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022

|  |                               |   |
|--|-------------------------------|---|
| Corporation/Organization name<br><b>CRISIS INTERVENTION SERVICES<br/>D.B.A. SIERRA COMMUNITY HOUSE</b> |                               | California corporation number<br><b>1289626</b> |
| Additional information. See instructions.  |                               | FEIN<br><b>94-2985554</b>                       |
| Street address (suite or room)<br><b>948 INCLINE WAY</b>   |                               | PMB no.   |
| City<br><b>INCLINE VILLAGE</b>   | State<br><b>NV</b>            | Zip code<br><b>89451</b>                        |
| Foreign country name   | Foreign province/state/county | Foreign postal code                             |

- A** First return.  Yes  No
- B** Amended return.  Yes  No
- C** IRC Section 4947(a)(1) trust.  Yes  No
- D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_
- E** Check accounting method:  
**1**  Cash **2**  Accrual **3**  Other
- F** Federal return filed? **1**  990T **2**  990-PF **3**  Sch H (990)  
**4**  Other 990 series
- G** Is this a group filing? See instructions.  Yes  No
- H** Is this organization in a group exemption?  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L** Is the organization a limited liability company?  Yes  No
- M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

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

|  |  |                                    |   |
|--|--|------------------------------------|---|
| <b>Receipts and Revenues</b>   | <b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8. <input checked="" type="checkbox"/>   | <b>1</b>                           | 18,652.   |
|  | <b>2</b> Gross dues and assessments from members and affiliates. <input checked="" type="checkbox"/>   | <b>2</b>                           |   |
|  | <b>3</b> Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B. <input checked="" type="checkbox"/>   | <b>3</b>                           | 5,284,336.                                      |
|  | <b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B. <input checked="" type="checkbox"/>  | <b>4</b>                           | 5,302,988.                                      |
|  | <b>5</b> Cost of goods sold. <input checked="" type="checkbox"/>   | <b>5</b>                           |   |
|  | <b>6</b> Cost or other basis, and sales expenses of assets sold. <input checked="" type="checkbox"/>   | <b>6</b>                           |   |
|  | <b>7</b> Total costs. Add line 5 and line 6. <input checked="" type="checkbox"/>   | <b>7</b>                           |   |
|  | <b>8</b> Total gross income. Subtract line 7 from line 4. <input checked="" type="checkbox"/>  | <b>8</b>                           | 5,302,988.                                      |
| <b>Expenses</b>  | <b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18. <input checked="" type="checkbox"/>  | <b>9</b>                           | 5,462,003.                                      |
|  | <b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. <input checked="" type="checkbox"/>   | <b>10</b>                          | -159,015.                                       |
| <b>Filing Fee</b>  | <b>11</b> Total payments. <input checked="" type="checkbox"/>  | <b>11</b>                          |   |
|  | <b>12</b> Use tax. See General Information K. <input checked="" type="checkbox"/>  | <b>12</b>                          |   |
|  | <b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. <input checked="" type="checkbox"/>  | <b>13</b>                          |   |
|  | <b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. <input checked="" type="checkbox"/>   | <b>14</b>                          |   |
|  | <b>15</b> Penalties and interest. See General Information J. <input checked="" type="checkbox"/>   | <b>15</b>                          |   |
|  | <b>16</b> Balance due. Add line 12 and line 15. Then subtract line 11 from the result. <input checked="" type="checkbox"/>   | <b>16</b>                          | 0.  |
| <b>Sign Here</b>   | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                                    |   |
| <b>Paid Preparer's Use Only</b>  | Signature of officer <input checked="" type="checkbox"/>   | Title<br><b>EXECUTIVE DIRECTOR</b> | Date  |
|  | Preparer's signature <input checked="" type="checkbox"/>   | Date                               | Check if self-employed <input type="checkbox"/> |
|  | Firm's name (or yours, if self-employed) and address<br><b>FRITZSCHE ASSOCIATES<br/>1511 CORPORATE WAY STE 220<br/>SACRAMENTO, CA 95831</b>  | Telephone<br><b>(775) 298-0010</b> | PTIN<br><b>P00423351</b>                        |
|  |  | Firm's FEIN<br><b>320343346</b>    | Telephone<br><b>916-422-2111</b>                |
| May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                    |   |

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

|                                    |    |   |   |    |            |
|------------------------------------|----|---|---|----|------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions  | ● | 1  |            |
|                                    | 2  | Interest  | ● | 2  | 5,021.     |
|                                    | 3  | Dividends   | ● | 3  |            |
|                                    | 4  | Gross rents   | ● | 4  |            |
|                                    | 5  | Gross royalties   | ● | 5  |            |
|                                    | 6  | Gross amount received from sale of assets (See instructions)  | ● | 6  |            |
|                                    | 7  | Other income. Attach schedule. SEE STATEMENT 1  | ● | 7  | 13,631.    |
|                                    | 8  | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | ● | 8  | 18,652.    |
| <b>Expenses and Disbursements</b>  | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2                              | ● | 9  | 1,276,930. |
|                                    | 10 | Disbursements to or for members   | ● | 10 |            |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 3  | ● | 11 | 236,093.   |
|                                    | 12 | Other salaries and wages  | ● | 12 | 2,521,626. |
|                                    | 13 | Interest  | ● | 13 |            |
|                                    | 14 | Taxes   | ● | 14 | 224,163.   |
|                                    | 15 | Rents   | ● | 15 | 439,110.   |
|                                    | 16 | Depreciation and depletion (See instructions)   | ● | 16 | 84,855.    |
|                                    | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 4  | ● | 17 | 679,226.   |
|                                    | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                | ● | 18 | 5,462,003. |

| <b>Schedule L Balance Sheet</b>  |   | <b>Beginning of taxable year</b> |            | <b>End of taxable year</b> |            |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
|                                  |   | <b>(a)</b>                       | <b>(b)</b> | <b>(c)</b>                 | <b>(d)</b> |
| <b>Assets</b>                    |   |                                  |            |                            |            |
| 1                                | Cash  |                                  | 2,309,390. | ●                          | 2,463,965. |
| 2                                | Net accounts receivable                           |                                  | 1,202,589. | ●                          | 898,165.   |
| 3                                | Net notes receivable                              |                                  |            | ●                          |            |
| 4                                | Inventories                                       |                                  | 101,466.   | ●                          | 64,809.    |
| 5                                | Federal and state government obligations          |                                  |            | ●                          |            |
| 6                                | Investments in other bonds                        |                                  |            | ●                          |            |
| 7                                | Investments in stock                              |                                  | 47,051.    | ●                          | 31,684.    |
| 8                                | Mortgage loans                                    |                                  |            | ●                          |            |
| 9                                | Other investments. Attach schedule                |                                  |            | ●                          |            |
| 10a                              | Depreciable assets                                | 1,123,744.                       |            | 1,355,036.                 |            |
| b                                | Less accumulated depreciation                     | 386,886.                         | 736,858.   | 471,742.                   | 883,294.   |
| 11                               | Land. STM 5                                       |                                  | 71,686.    | ●                          | 71,686.    |
| 12                               | Other assets. Attach schedule                     |                                  | 100,985.   | ●                          | 148,446.   |
| 13                               | <b>Total assets</b>                               |                                  | 4,570,025. |                            | 4,562,049. |
| <b>Liabilities and net worth</b> |   |                                  |            |                            |            |
| 14                               | Accounts payable                                  |                                  | 189,133.   | ●                          | 203,387.   |
| 15                               | Contributions, gifts, or grants payable           |                                  |            | ●                          |            |
| 16                               | Bonds and notes payable                           |                                  |            | ●                          |            |
| 17                               | Mortgages payable                                 |                                  |            | ●                          |            |
| 18                               | Other liabilities. Attach schedule. STM 6         |                                  | 38,810.    |                            | 79,276.    |
| 19                               | Capital stock or principal fund                   |                                  | 4,342,082. | ●                          | 4,279,386. |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                                  |            | ●                          |            |
| 21                               | Retained earnings or income fund                  |                                  |            | ●                          |            |
| 22                               | <b>Total liabilities and net worth</b>            |                                  | 4,570,025. |                            | 4,562,049. |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                          |  |   |           |
|--|--|---|-----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. |  |   |           |
| 1  | Net income per books   | ● | -184,017. |
| 2  | Federal income tax   | ● |           |
| 3  | Excess of capital losses over capital gains  | ● |           |
| 4  | Income not recorded on books this year. Attach schedule                                      | ● |           |
| 5  | Expenses recorded on books this year not deducted in this return. Attach schedule. SEE ST. 7 | ● | 156,836.  |
| 6  | Total. Add line 1 through line 5   | ● | -27,181.  |
| 7  | Income recorded on books this year not included in this return. Attach schedule. SEE ST. 8   | ● | 131,834.  |
| 8  | Deductions in this return not charged against book income this year. Attach schedule         | ● |           |
| 9  | Total. Add line 7 and line 8   | ● | 131,834.  |
| 10   | Net income per return. Subtract line 9 from line 6   | ● | -159,015. |

Schedule B (Form 990)

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (CRISIS INTERVENTION SERVICES D.B.A. SIERRA COMMUNITY HOUSE) and Employer identification number (94-2985554)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

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

|   |   |
|---|---|
| <b>Name of organization</b><br>CRISIS INTERVENTION SERVICES | <b>Employer identification number</b><br>94-2985554 |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | CAL OES<br>3650 SCHRIEVER AVENUE<br>MATHER, CA 95655-4203                         | \$ 1,266,165.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | PLACER COUNTY SYSTEM OF CARE<br>11716 ENTERPRISE DRIVE<br>AUBURN, CA 95603        | \$ 304,771.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | NEVADA COUNTY HHS - SOCIAL SVCS<br>950 MAIDU AVE<br>NEVADA CITY, CA 95959         | \$ 412,920.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | CA DEPT OF PUBLIC HEALTH (CDPH)<br>PO BOX 997377, MS 7214<br>SACRAMENTO, CA 95899 | \$ 124,778.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | TAHOE TRUCKEE COMMUNITY FNDN<br>PO BOX 366<br>TRUCKEE, CA 96160                   | \$ 154,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | FIRST 5 PLACER<br>1229 PLEASANT GROVE<br>ROSEVILLE, CA 95678                      | \$ 230,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>CRISIS INTERVENTION SERVICES</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 7          | THE MARTIS FUND<br>-----<br>PO BOX 10390<br>-----<br>TRUCKEE, CA 96160<br>-----                              | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | CA FAMILY RESOURCE ASSOCIATION<br>-----<br>1229 PLEASANT GROVE BLVD<br>-----<br>ROSEVILLE, CA 95678<br>----- | \$ 228,870.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>CRISIS INTERVENTION SERVICES</b> | Employer identification number<br><b>94-2985554</b> |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
|                           | N/A  |   |                      |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |
|                           | -----<br>-----<br>-----                      | \$-----   | -----                |

Name of organization **CRISIS INTERVENTION SERVICES** Employer identification number **94-2985554**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

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

CRISIS INTERVENTION SERVICES  
D.B.A. SIERRA COMMUNITY HOUSE

STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME

|                              |    |                |
|------------------------------|----|----------------|
| OTHER REVENUE.....           | \$ | 8,666.         |
| PROGRAM SERVICE REVENUE..... |    | 4,965.         |
| TOTAL                        | \$ | <u>13,631.</u> |

STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

TOTAL \$ 0.

STATEMENT 3  
FORM 199, PART II, LINE 11  
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | TOTAL<br>COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--|--|----------------------------|----------------------------------|------------------------------|
| PAUL BANCROFT<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451          | EXECUTIVE DIR.<br>40.00                        | \$ 127,084.                | \$ 2,278.                        | \$ 11,314.                   |
| JIM MCHUGH<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451             | FISCAL DIRECTOR<br>40.00                       | 109,009.                   | 1,954.                           | 9,705.                       |
| MARIANA JIMENEZ CHAVEZ<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451 | CHAIRPERSON<br>3.00                            | 0.                         | 0.                               | 0.                           |
| TARA HOUSE<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451             | VICE CHAIR<br>2.00                             | 0.                         | 0.                               | 0.                           |
| GORDON SHAW<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451            | TREASURER<br>2.00                              | 0.                         | 0.                               | 0.                           |
| KAREN BARCHAS<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451          | SECRETARY<br>2.00                              | 0.                         | 0.                               | 0.                           |
| DOUG BURNETT<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451           | DIRECTOR<br>1.00                               | 0.                         | 0.                               | 0.                           |



**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

| <u>NAME AND ADDRESS</u>   | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>TOTAL<br/>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|---|---|-------------------------------------|---|---------------------------------------|
| KARIN WAIDLEY KRILL<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451 | DIRECTOR<br>1.00  | \$ 0.                               | \$ 0.   | \$ 0.                                 |
| PAUL EYKAMP<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451         | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| JASMYN CARR<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451         | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| ELIZABETH GIFFORD<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451   | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| BARBARA KAY<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451         | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| DEIRDRE TONER<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451       | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| REINI JENSEN<br>948 INCLINE WAY<br>INCLINE VILLAGE, NV 89451        | DIRECTOR<br>1.00  | 0.                                  | 0.  | 0.                                    |
| <b>TOTAL</b>  |   | <u>\$ 236,093.</u>                  | <u>\$ 4,232.</u>                              | <u>\$ 21,019.</u>                     |

**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

|   |                    |
|---|--------------------|
| ACCOUNTING FEES.....                        | \$ 25,800.         |
| CONFERENCES, CONVENTIONS, AND MEETINGS..... | 36,341.            |
| INSURANCE.....                              | 53,568.            |
| MISCELLANEOUS.....                          | 14,537.            |
| OTHER EMPLOYEE BENEFIT.....                 | 251,377.           |
| OTHER FEES.....                             | 30,926.            |
| PENSION PLAN CONTRIBUTIONS.....             | 50,606.            |
| PROGRAM EXPENSES.....                       | 216,071.           |
| <b>TOTAL</b>                                | <u>\$ 679,226.</u> |

CRISIS INTERVENTION SERVICES  
D.B.A. SIERRA COMMUNITY HOUSE

94-2985554

**STATEMENT 5**  
**FORM 199, SCHEDULE L, LINE 12**  
**OTHER ASSETS**

|  |                 |
|--|-----------------|
| BENEFICIAL INTEREST IN COMMUNITY FDN.....  | 130,765.        |
| PREPAID EXPENSES AND DEFERRED CHARGES..... | 17,681.         |
| TOTAL \$                                   | <u>148,446.</u> |

**STATEMENT 6**  
**FORM 199, SCHEDULE L, LINE 18**  
**OTHER LIABILITIES**

|                         |                |
|-------------------------|----------------|
| REFUNDABLE ADVANCE..... | 79,276.        |
| TOTAL \$                | <u>79,276.</u> |

**STATEMENT 7**  
**FORM 199, SCHEDULE M-1, LINE 5**  
**EXPENSES RECORDED ON BOOKS NOT DEDUCTED ON RETURN**

|                       |                 |
|-----------------------|-----------------|
| DONATED RENT.....     | \$ 27,131.      |
| DONATED SERVICES..... | 129,705.        |
| TOTAL \$              | <u>156,836.</u> |

**STATEMENT 8**  
**FORM 199, SCHEDULE M-1, LINE 7**  
**INCOME RECORDED ON BOOKS NOT ON RETURN**

|                                     |                 |
|-------------------------------------|-----------------|
| CHANGE IN BENEFICIAL INTEREST.....  | \$ -16,451.     |
| DONATED RENT.....                   | 27,131.         |
| DONATED SERVICES.....               | 129,705.        |
| UNREALIZED LOSS ON INVESTMENTS..... | -8,551.         |
| TOTAL \$                            | <u>131,834.</u> |



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

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

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

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

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

|  |   |
|--|---|
| <p><b>CRISIS INTERVENTION SERVICES<br/>D.B.A. SIERRA COMMUNITY HOUSE</b><br/>Name of Organization</p> <p>List all DBAs and names the organization uses or has used<br/><b>948 INCLINE WAY</b><br/>Address (Number and Street)</p> <p><b>INCLINE VILLAGE, NV 89451</b><br/>City or Town, State, and ZIP Code</p> <p><b>(775) 298-0010</b>      <b>PBANCROFT@SIERRACOMMUNIT</b><br/>Telephone Number      E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>062545</u></p> <p>Corporation or Organization No. <u>1289626</u></p> <p>Federal Employer ID No. <u>94-2985554</u></p> |
|--|---|

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

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

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$  
(including noncash contributions) 5,302,988.    Noncash Contributions \$ 547,575.    Total Assets \$ 4,562,049.

Program Expenses \$ 4,852,111.      Total Expenses \$ 5,462,003.

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

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

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

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

|                               |                           |                 |
|-------------------------------|---------------------------|-----------------|
| <b>PAUL BANCROFT</b>          | <b>EXECUTIVE DIRECTOR</b> |                 |
| Signature of Authorized Agent | Printed Name              | Title      Date |

**STATEMENT 1  
FORM RRF-1, PART B, LINE 5  
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CAL-OES  
3650 SCHRIEVER AVENUE  
MATHER, CA 95655-4203  
CONTACT: JANINE WILLIAMS  
PHONE: 916-845-8277

CA DEPT. OF PUBLIC HEALTH  
PO BOX 997377, MS 7214  
SACRAMENTO, CA 95899-7377  
CONTACT: JEANNIE GALARPE  
PHONE: 916-552-9838

DEPARTMENT OF JUSTICE OFFICE ON VIOLENCE AGAINST WOMEN  
145 N ST NE  
WASHINGTON, DC 20530  
CONTACT: VERONICA SMITH  
PHONE: 202-514-0393

FIRST 5 NEVADA COUNTY CHILDREN & FAMILIES COMMISSION  
380 CROWN POINT CIRCLE  
GRASS VALLEY, CA 95959  
CONTACT: MELODY EASTON  
PHONE: 530-274-5361

FIRST 5 PLACER CHILDREN & FAMILIES COMMISSION  
1229 PLEASANT GROVE BLVD  
ROSEVILLE, CA 95678  
CONTACT: LINDSAY WIBBERLY  
PHONE: 530-745-1413

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILD AND FAMILY SERVICES  
4126 TECHNOLOGY WAY, 3RD FLOOR CARSON CITY, NV 89706  
CONTACT: KELSEY MCCANN NAVARRO  
PHONE: 775-684-4431

OPENING DOORS  
(PASS THROUGH FOR CA DEPT OF SOCIAL SERVICES)  
1111 HOWE AVE, STE 125  
SACRAMENTO, CA 95825  
CONTACT: JESSIE TIENCHEU  
PHONE: 916-492-2591 X207

PLACER COUNTY DHHS  
11512 B AVENUE  
AUBURN, CA 95603  
CONTACT: MARIE OSBORNE  
PHONE: 530-886-2937

PLACER COUNTY SYSTEM OF CARE  
11716 ENTERPRISE DRIVE  
AUBURN, CA 95603  
CONTACT: JENNIFER COOK  
PHONE: 530-889-6734

NEVADA OFFICE OF ATTORNEY GENERAL VIOLENCE AGAINST WOMEN ACT  
100 N CARSON STREET  
CARSON CITY, NV 89701

**STATEMENT 1 (CONTINUED)**  
**FORM RRF-1, PART B, LINE 5**  
**GOVERNMENT AGENCY THAT PROVIDED FUNDING**

CONTACT: MARTIE WASHINGTON  
PHONE: 775-684-1148

NEVADA COUNTY DISTRICT ATTORNEY  
201 COMMERCIAL STREET  
NEVADA CITY, CA 95959  
CONTACT: DENISE HARBEN  
PHONE: 530-265-1487  
STATE OF NEVADA, DEPARTMENT OF BUSINESS AND INDUSTRY, HOUSING DIVISION  
1830 COLLEGE PARKWAY, STE 200  
CARSON CITY, NV 89706  
CONTACT: AUSUST KVAM  
PHONE: 775-687-2230

TAHOE TRUCKEE CHILD ABUSE PREVENTION COUNCIL  
PO BOX 366  
TRUCKEE, CA 96160  
CONTACT: CINDY MACIEL  
PHONE: 530-582-2521

TOWN OF TRUCKEE  
10183 TRUCKEE AIRPORT ROAD  
TRUCKEE, CA 96161  
CONTACT: ADMINISTRATOR  
PHONE: 530-582-7730

TAHOE TRUCKEE COMMUNITY FOUNDATION  
(PASS THROUGH FOR PLACER MHSA/PEI FUNDS)  
PO BOX 366  
TRUCKEE, CA 96160  
CONTACT: PHYLLIS MCCONN  
PHONE: 530-587-1776

TRUCKEE DONNER PUBLIC UTILITY DISTRICT, ENERGY SHARE PROGRAM  
PO BOX 309  
TRUCKEE, CA 96160  
CONTACT: LINDA PENDLETON  
PHONE: 530-587-3896

FOOD BANK OF NORTHERN NEVADA  
550 ITALY DRIVE  
SPARKS, NV 89437  
CONTACT: EMAIL@FBNN.ORG  
PHONE: 775.331.3663

UNITED WAY OF NEVADA COUNTY  
PO BOX 2733  
GRASS VALLEY, CA 95945  
CONTACT: MEGAN TIMPANY  
PHONE: 530-274-8111

UNITED WAY OF NORTHERN NEVADA AND SIERRA  
639 ISBELL ROAD, SUITE 460  
RENO, NV 89509  
CONTACT: KIM SPIERSCH  
PHONE: 775-322-8668

**STATEMENT 2  
FORM RRF-1, PART B, LINE 8  
AUDITED FINANCIAL STATEMENTS**

OUR FINANCIAL STATEMENTS FOR THE YEAR ENDING JUNE 30, 2022, WERE AUDITED BY AN INDEPENDENT CPA FIRM IN NOVEMBER 2022.