

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning MAR 1, 2021, and ending FEB 28, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY** EIN or SSN **94-1648949**

Name and title of officer or person subject to tax **JOHNATHAN NOLEN INTERIM EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,581,119.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WIPFLI LLP to enter my PIN 54543
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

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

39955254403
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ JOHN HEMMING, CPA Date ▶ 11/28/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Taxpayer identification number (TIN) 94-1648949
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 141 STONY CIRCLE, 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA ROSA, CA 95401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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 (sec. 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		

HEATHER IPPOLITI

- The books are in the care of ▶ **141 STONY CIRCLE, NO. 210 - SANTA ROSA, CA 95401**

Telephone No. ▶ **707-544-6911** 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 **JANUARY 17, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning **MAR 1, 2021**, and ending **FEB 28, 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.	3a	\$	0.
b 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

Return of Organization Exempt From Income Tax

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

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 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **MAR 1, 2021** and ending **FEB 28, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 141 STONY CIRCLE 210 City or town, state or province, country, and ZIP or foreign postal code SANTA ROSA, CA 95401 F Name and address of principal officer: JOHNATHAN NOLEN SAME AS C ABOVE	D Employer identification number 94-1648949 E Telephone number 707-544-6911 G Gross receipts \$ 15,614,645. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.CAPSONOMA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY CREATES ECONOMIC PATHWAYS THAT LAST FROM GENERATION TO	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 186
6	Total number of volunteers (estimate if necessary)	6 179
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
8	Contributions and grants (Part VIII, line 1h)	12,311,611. 14,928,057.
9	Program service revenue (Part VIII, line 2g)	255,695. 578,272.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,201. -32,270.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,405. 107,060.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,762,912. 15,581,119.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,248,111. 3,385,625.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,793,901. 8,113,023.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,526.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,781,609. 3,665,304.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,823,621. 15,163,952.
19	Revenue less expenses. Subtract line 18 from line 12	-60,709. 417,167.
20	Total assets (Part X, line 16)	7,409,005. 6,669,063.
21	Total liabilities (Part X, line 26)	5,895,431. 4,738,322.
22	Net assets or fund balances. Subtract line 21 from line 20	1,513,574. 1,930,741.

Part II Signature Block

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

Sign Here	Signature of officer JOHNATHAN NOLEN, INTERIM EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN HEMMING, CPA	Preparer's signature JOHN HEMMING, CPA
	Firm's name ▶ WIPFLI LLP Firm's address ▶ PO BOX 8700 MADISON, WI 53708-8700	Date 11/28/22 Check if self-employed <input type="checkbox"/> PTIN P00856805 Firm's EIN ▶ 39-0758449 Phone no. 608.274.1980

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

COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

Form 990 (2021)

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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: COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY CREATES ECONOMIC PATHWAYS THAT LAST FROM GENERATION TO GENERATION. OUR VISION - COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY STRIVES TO ELIMINATE POVERTY AND INVESTS IN FAMILIES THROUGH PARTNERSHIPS, ADVOCACY AND

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 \$ 6,430,885. including grants of \$ 0.) (Revenue \$ 15,538.) HEAD START AND EARLY HEAD START

HEAD START/EARLY HEAD START IS A NATIONAL CHILD AND FAMILY DEVELOPMENT PROGRAM FOR LOW-INCOME CHILDREN AGES BIRTH TO FIVE YEARS OLD AND THEIR FAMILIES, FUNDED BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. IN ADDITION TO PROVIDING DEVELOPMENTALLY APPROPRIATE PRESCHOOL EXPERIENCES FOR YOUNG CHILDREN, HEAD START/EARLY HEAD START PARTNERS WITH COMMUNITY AGENCIES AND RESOURCES TO PROVIDE COMPREHENSIVE SERVICES TO THESE CHILDREN AND THEIR FAMILIES IN AREAS SUCH AS SOCIAL, HEALTH, DENTAL, NUTRITION, MENTAL HEALTH, AND SPECIAL EDUCATION. TEN PERCENT OF ENROLLMENT OPPORTUNITIES ARE FOR CHILDREN WITH DIAGNOSED DISABILITIES. THE FUNDED ENROLLMENT WAS 347 FOR HEAD START AGED

4b (Code:) (Expenses \$ 3,497,819. including grants of \$ 2,945,084.) (Revenue \$ 0.) DISASTER RELIEF

THE DISASTER RELIEF PROGRAM WAS DEVELOPED AFTER THE 2017 TUBBS FIRE AND HAS CONTINUED TO ASSIST THE COMMUNITY THROUGH SUBSEQUENT DISASTERS AND CRISES. FINANCIAL ASSISTANCE IS PROVIDED FOR RENT, DEPOSIT, MORTGAGE, ESSENTIAL NEEDS, AND UNINSURED OR UNDERINSURED REBUILDING COSTS ASSOCIATED WITH THE FIRES - OVER 400 CLIENTS RECEIVED SUPPORT TOTALING OVER \$2.5 MIL.

4c (Code:) (Expenses \$ 1,327,674. including grants of \$ 407,320.) (Revenue \$ 208,287.) HOUSING AND FINANCIAL STABILITY PROGRAM

TO ENCOURAGE SELF-SUFFICIENCY, AS WELL AS HOUSING, FAMILY, AND FINANCIAL STABILITY, THE DEPARTMENT OFFERS EDUCATION ON FINANCIAL CAPACITY WHILE PROVIDING TEMPORARY HOUSING AND FINANCIAL ASSISTANCE. CAPSC PROVIDES THE FOLLOWINGS PROGRAMS: HCA FAMILY FUND - THE FUND IS DESIGNED TO ASSIST THOSE WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS WITH ONCE IN A LIFETIME ASSISTANCE COMBINED WITH FINANCIAL COACHING TO EMPOWER THE PARTICIPANT IN CREATING A HOUSEHOLD BUDGET, DEVELOP SKILLS NECESSARY TO MANAGE A HOUSEHOLD AND LEARN THE IMPORTANCE OF SAVINGS. -H20 HELP TO OTHERS - WATER BILL ASSISTANCE PROGRAM FOR LOW INCOME RATE PAYERS OF SANTA ROSA WATER. -PATHWAYS HOUSING - TEMPORARY

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,918,486. including grants of \$ 33,221.) (Revenue \$ 402,145.)

4e Total program service expenses 13,174,864.

Form 990 (2021)

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

Form 990 (2021)

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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Rev. Proc. 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	

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

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Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	336
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 186		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. 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?		
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **HEATHER IPPOLITI - 707-544-6911**
141 STONY CIRCLE, NO. 210, SANTA ROSA, CA 95401

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN COOPER KLEINBORT EXECUTIVE DIRECTOR	40.00			X			132,571.	0.	4,654.	
(2) RUPINDER MALHI CFO (THROUGH 8/21)	40.00			X			100,989.	0.	6,702.	
(3) LISA GROCOTT DIRECTOR OF HEAD START	40.00				X		100,476.	0.	5,088.	
(4) JOHNATHAN NOLEN PRESIDENT	5.00	X		X			0.	0.	0.	
(5) DENISE RAGOZZINO VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(6) BETZY CHAVEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(7) EDWARD CHIO BOARD MEMBER	1.00	X					0.	0.	0.	
(8) HAEJIN HAN BOARD MEMBER (THROUGH 7/21)	1.00	X					0.	0.	0.	
(9) JOEY HEJNOWICZ BOARD MEMBER	1.00	X					0.	0.	0.	
(10) RICHARD HORRELL BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JEREMY JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) CONNIE LOPEZ MARX BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JAMIE PADILLA BOARD MEMBER (THROUGH 11/21)	1.00	X					0.	0.	0.	
(14) JIM SANSONE BOARD MEMBER	1.00	X					0.	0.	0.	
(15) TIM SERGENT BOARD MEMBER	1.00	X					0.	0.	0.	
(16) TODD SHEFFIELD BOARD MEMBER (THROUGH 5/21)	1.00	X					0.	0.	0.	
(17) SUSY VALLE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							334,036.	0.	16,444.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							334,036.	0.	16,444.	

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 **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDRE R SOILEAU DBA PRIME 65, 245 KENTUCKY STREET, SUITE A, PETALUMA, CA 94952	IT SERVICES	339,007.
EUGENE BURGER MANAGEMENT CORPORATION 6600 HUNTER DRIVE, ROHNERT PARK, CA 94928	PROJECT MANAGEMENT (HOUSE REMODEL)	150,525.

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 **2**

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,610,811.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,317,246.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,437.				
	h Total. Add lines 1a-1f			14,928,057.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		900099	386,745.	386,745.			
	b RENTAL INCOME	531110	191,527.	191,527.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			578,272.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,256.		1,256.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		33,526.			
	c Gain or (loss)	7c		-33,526.			
	d Net gain or (loss)			-33,526.		-33,526.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue	900099	107,060.	47,698.		59,362.	
	e Total. Add lines 11a-11d			107,060.			
12 Total revenue. See instructions			15,581,119.	625,970.	0.	27,092.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	362,063.	362,063.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,023,562.	3,023,562.		
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	224,849.	191,286.	31,873.	1,690.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,286,416.	5,340,583.	898,791.	47,042.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,641.	111,169.	14,427.	1,045.
9 Other employee benefits	949,239.	833,274.	108,137.	7,828.
10 Payroll taxes	525,878.	448,397.	73,997.	3,484.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,238.		2,238.	
c Accounting	45,365.	44,265.	1,100.	
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 Sch O.)	240,849.	145,464.	57,838.	37,547.
12 Advertising and promotion				
13 Office expenses	549,199.	504,888.	43,577.	734.
14 Information technology	524,068.	447,084.	75,578.	1,406.
15 Royalties				
16 Occupancy	720,683.	707,886.	6,175.	6,622.
17 Travel	62,045.	57,957.	4,088.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,775.	18,598.	1,177.	
20 Interest	108,638.	79,288.	29,350.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	265,472.	120,571.	144,901.	
23 Insurance	109,398.	96,865.	12,152.	381.
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 BUILDING MAINTENANCE &	512,535.	511,721.	814.	
b INDIRECT/ADMIN EXPENSES	314,268.		314,268.	
c EMPLOYEE DEVELOPMENT	153,167.	115,577.	37,590.	
d IN-KIND EXPENSES	5,437.	5,437.		
e All other expenses	32,167.	8,929.	10,491.	12,747.
25 Total functional expenses. Add lines 1 through 24e	15,163,952.	13,174,864.	1,868,562.	120,526.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,462,140.	1	492,709.	
	2 Savings and temporary cash investments	0.	2	962,234.	
	3 Pledges and grants receivable, net	1,406,551.	3	1,608,335.	
	4 Accounts receivable, net	24,733.	4	85,217.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	161,513.	9	145,823.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,294,072.			
	b Less: accumulated depreciation	10b 3,919,327.	3,352,792.	10c	3,374,745.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	1,276.	14	0.	
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,409,005.	16	6,669,063.		
Liabilities	17 Accounts payable and accrued expenses	1,627,402.	17	1,731,629.	
	18 Grants payable		18		
	19 Deferred revenue	613,309.	19	865,602.	
	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	2,162,182.	23	2,141,091.	
	24 Unsecured notes and loans payable to unrelated third parties	1,492,538.	24	0.	
	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		25		
	26 Total liabilities. Add lines 17 through 25	5,895,431.	26	4,738,322.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	1,132,269.	27	1,019,417.	
	28 Net assets with donor restrictions	381,305.	28	911,324.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	1,513,574.	32	1,930,741.	
	33 Total liabilities and net assets/fund balances	7,409,005.	33	6,669,063.	

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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	15,581,119.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,163,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	417,167.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,513,574.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,930,741.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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SONOMA COUNTY**

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.")	10244758.	10805969.	11273399.	12352251.	14928057.	59604434.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10244758.	10805969.	11273399.	12352251.	14928057.	59604434.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						59604434.

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	10244758.	10805969.	11273399.	12352251.	14928057.	59604434.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	260,029.	262,501.	267,512.	238,531.	192,783.	1221356.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					59,362.	59,362.
11 Total support. Add lines 7 through 10						60885152.
12 Gross receipts from related activities, etc. (see instructions)					12	1,087,691.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.70 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

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

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

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

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

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

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

Schedule A (Form 990) 2021

94-1648949 Page 7

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). 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 Total 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

Employer identification number

94-1648949

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).

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

Schedule B (Form 990) (2021)

Name of organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 8,175,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20005	\$ 2,807,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH ST., S.W. WASHINGTON, DC 20410	\$ 354,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

(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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY** **Employer identification number** **94-1648949**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

Schedule D (Form 990) 2021

94-1648949 Page 2

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 **d** Loan or exchange program
b Scholarly research **e** Other _____
c Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 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
1a Land		554,706.		554,706.
b Buildings		5,002,053.	2,912,799.	2,089,254.
c Leasehold improvements		1,382,491.	682,205.	700,286.
d Equipment		354,822.	324,323.	30,499.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,374,745.

Schedule D (Form 990) 2021

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

Schedule D (Form 990) 2021

94-1648949 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Schedule D (Form 990) 2021

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

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	15,311,815.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	44,964.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-314,268.	
e	Add lines 2a through 2d	2e		-269,304.
3	Subtract line 2e from line 1	3		15,581,119.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		15,581,119.

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	14,894,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	44,964.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		44,964.
3	Subtract line 2e from line 1	3		14,849,684.
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	314,268.	
c	Add lines 4a and 4b	4c		314,268.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		15,163,952.

Part XIII Supplemental Information.

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

PART X, LINE 2:

CAPSC IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. CAPSC HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INDIRECT REVENUE/EXPENSE -314,268.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT REVENUE/EXPENSE 314,268.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

**Employer identification number
94-1648949**

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
CATHOLIC CHARITIES OF THE DIOCESE OF SANTA ROSA - PO BOX 4900 - SANTA ROSA, CA 95402	94-2479393	501(C)(3)	70,524.	0.			CARES ACT RENTAL ASSISTANCE
CORAZON RESOURCE CENTER PO BOX 1004 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	151,260.	0.			CARES ACT RENTAL ASSISTANCE
LA LUZ CENTER 17560 GREGER STREET SONOMA, CA 95476	68-0228235	501(C)(3)	60,945.	0.			CARES ACT RENTAL ASSISTANCE AND P3 PARTICIPATION STIPEND
BILINGUAL BROADCASTING FOUNDATION, INC. (KBBF) - PO BOX 7189 - SANTA ROSA, CA 95407	23-7134263	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
CALIFORNIA INDIAN MUSEUM AND CULTURAL CENTER, INC - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
CENTER FOR VOLUNTEER & NONPROFIT LEADERSHIP - 153 STONY CIRCLE #100 - SANTA ROSA, CA 95401	68-0101012	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **16.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2021

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

Schedule I (Form 990)

94-1648949

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
DISABILITY SERVICES & LEGAL CENTER 521 MENDOCINO AVENUE SANTA ROSA, CA 95401	94-2345086	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
FARM TO PANTRY PO BOX 191 HEALDSBURG, CA 95448	46-5321538	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
IGLESIA CRISTIANA S ELOHLM 6640 REDWOOD DRIVE ROHNERT PARK, CA 94928	46-2290370	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
IMCF (INTEGRATIVE MEDICAL CLINIC FOUNDATION) - 2777 YULUPA AVE #289 - SANTA ROSA, CA 95405	68-0445149	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
INTEGRATIVE HEALERS ACTION NETWORK 432 AVIATION BLVD SANTA ROSA, CA 95403	94-2524840	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
LATINO SERVICE PROVIDERS 1015A CENTER STREET SANTA ROSA, CA 95403	46-4107589	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
NUESTRA COMUNIDAD 5510 SKYLANE BLVD SUITE 200A SANTA ROSA, CA 95403	83-0609417	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
PETALUMA PEOPLE SERVICES CENTER 1550A PETALUMA BLVD SOUTH PETALUMA, CA 94952	94-2271299	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND
RAIZES COLLECTIVE PO BOX 8606 SANTA ROSA, CA 95407	47-3129493	501(C)(3)	5,667.	0.			P3 PARTICIPATION STIPEND

Schedule I (Form 990)

**COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RENTAL ASSISTANCE	482	2,653,876.	0.		
DEPOSIT ASSISTANCE	65	73,346.	0.		
ESSENTIAL NEEDS	206	266,844.	0.		
EMERGENCY DISASTER RELIEF ASSISTANCE	178	29,496.	0.		

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

PART I, LINE 2:

MONITORING FOR THOSE FUNDS UTILIZING OUTSIDE CONTRACTORS OR SUBCONTRACTORS
ARE SIMILAR TO THE INTERNAL PROCESS. USE OF FUNDS MUST BE SUPPORTED BY
DOCUMENTS BASED ON THE TYPE OF FUNDING PROVIDED. IF IT IS FOR CLIENT
ASSISTANCE, ALL PREVIOUS NOTED SUPPORTING DOCUMENTATION MUST BE GATHERED BY
THE SUB-CONTRACTOR AND MADE AVAILABLE ON REQUEST. IF FUNDING IS FOR
STAFFING OR OPERATIONAL PURPOSES, INVOICING IS SUPPORTED BY TIMESHEETS AND
OR GENERAL LEDGERS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

Employer identification number

94-1648949

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

GENERATION.

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

HIGH-IMPACT PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN, AND 72 FOR EARLY HEAD START CHILDREN FOR A TOTAL OF 419.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LOW-INCOME SHELTER, TEMPORARY AND PERMANENT SUPPORT HOUSING

PROVIDING A CONTINUUM OF CARE IN WHICH PARTICIPANTS ARE PROVIDED WITH

STRENGTHS BASED CASE MANAGEMENT, TRAUMA INFORMED SERVICES AND PEER

SUPPORTIVE ENVIRONMENTS. -VOLUNTEER INCOME TAX ASSISTANCE (VITA) -

FREE, QUALITY TAX RETURN PREPARATION TO INDIVIDUALS, FAMILIES, AND

SENIORS. OUR PREPARERS ARE VOLUNTEERS CERTIFIED BY THE IRS. -SEASON OF

SHARING PROGRAM SONOMA COUNTY - A PROGRAM SUPPORTED BY THE SAN

FRANCISCO CHRONICLE'S ANNUAL GIVING DRIVE AND ADMINISTERED BY CAPSC. IT

PROVIDES SUPPORT TO SONOMA COUNTY INDIVIDUALS NEEDING ASSISTANCE FOR

RENT, DEPOSIT, UNEXPECTED CRITICAL FAMILY NEEDS COSTS THAT AFFECT

HEALTH OR LIVELIHOOD PROVIDED IN THE FORM OF GRANTS THAT ARE PAID

DIRECTLY TO THE SUPPLIER OF SERVICES, SUCH AS A LANDLORD - 153 CLIENTS

RECEIVED WATER BILL ASSISTANCE, 40 CLIENTS RECEIVED SHORT-TERM HOUSING

SERVICE, AND 251 CLIENTS RECEIVED RENTAL ASSISTANCE AND PARTICIPATED IN

FINANCIAL WORKSHOPS.

Name of the organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION (SCHOOL READINESS) PROGRAM

PROVIDES LEARNING OPPORTUNITIES FOR CHILDREN AND THEIR FAMILIES THAT WILL ENHANCE THEIR ABILITY TO ACHIEVE ACADEMIC SUCCESS AND BREAK THE CYCLE OF POVERTY. EDUCATION INCLUDES THE FOLLOWING: PASITOS PLAYGROUPS PREPARES YOUNG CHILDREN AGED 2 TO 4 YEARS OLD TO BE SUCCESSFUL IN SCHOOL WITH ACTIVITIES THAT BUILD LANGUAGE, EARLY LITERACY, FINE MOTOR SKILLS AND SOCIAL ABILITY. VIA ESPERANZA CENTRO DE EDUCATION - LOCATED AT LEWIS SCHOOL, THE PROJECT PROVIDES OPPORTUNITIES FOR PARENTS AND CHILDREN TO SUCCEED THROUGH EARLY CHILDHOOD EDUCATION CLASSES AND PLAYGROUPS, PARENT EDUCATION, FINANCIAL LITERACY EDUCATION, COUNSELING AND CASE MANAGEMENT - 354 CHILDREN RECEIVED EARLY CHILDHOOD EDUCATION, AND 331 PARENTS RECEIVED PARENTING SUPPORT.

EXPENSES \$ 876,501. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,400.

COMMUNITY ENGAGEMENT / YOUTH PROGRAMS

PROVIDES OPPORTUNITIES FOR COMMUNITY AND CIVIC ENGAGEMENT AMONG LOW-INCOME YOUTH, FAMILIES AND RESIDENTS IN ORDER TO ACHIEVE ACADEMIC, SOCIAL, AND ECONOMIC SUCCESS. COMMUNITY ENGAGEMENT AND YOUTH PROGRAM INCLUDES THE FOLLOWING: PADRES UNIDOS A SIXTEEN WEEK SPANISH LANGUAGE PARENT TRAINING PROGRAM DESIGNED SPECIFICALLY FOR THE PARENTS OF STRONG-WILLED AND OUT-OF-CONTROL TEENAGERS.

EXPENSES \$ 651,859. INCLUDING GRANTS OF \$ 33,221. REVENUE \$ 0.

HEALTH AND WELLNESS

Name of the organization	COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number	94-1648949
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IN ORDER FOR SONOMA COUNTY TO BE THE HEALTHIEST COUNTY IN CALIFORNIA, HEALTH AND WELLNESS PROVIDES ACCESS TO MEDICAL AND DENTAL SERVICES IN ORDER TO FOSTER HEALTH EQUITY. HEALTH AND WELLNESS INCLUDES THE FOLLOWING: -COMMUNITY & SCHOOL HEALTH PROVIDES VITAL SCHOOL-BASED HEALTH SERVICES IN THE ROSELAND SCHOOL DISTRICT, INCLUDING VISION, HEARING AND VACCINATION SCREENING, AS WELL AS ENSURING THAT ALL STUDENTS HAVE ACCESS TO HEALTH CARE. GIVE KIDS A SMILE DAY! AN ANNUAL EVENT THAT TAKES PLACE DURING THE FIRST WEEKEND IN FEBRUARY, TO PROVIDE FREE DENTAL SERVICES TO UNDERPRIVILEGED CHILDREN IN SONOMA COUNTY BETWEEN THE AGES OF 0 TO 18 - 2,600 INDIVIDUAL SERVICES WERE PROVIDED THROUGH THE SCHOOL NURSING PROGRAM .

EXPENSES \$ 390,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 386,745.

FORM 990, PART VI, SECTION A, LINE 2:

JOHNATHAN NOLEN AND DENISE RAGOZZINO HAVE A FAMILY RELATIONSHIP.

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

COPIES OF THE FORM 990 ARE EMAILED TO THE BOARD EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO FILING THE RETURN. COPIES ARE ALSO PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

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

BOARD GOVERNANCE COMMITTEE (OF THE BOARD OF DIRECTORS) ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY FOR NECESSARY UPDATING AND INVESTIGATING ANY POSSIBLE OR POTENTIAL COMPLIANCE PROBLEMS.

ANY POSSIBLE CONFLICT OF INTEREST OF ANY DIRECTOR (OR MEMBER OF THE DIRECTORS' IMMEDIATE FAMILY) SHALL BE FULLY DISCLOSED TO THE OTHER

Name of the organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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DIRECTORS AND MADE A MATTER OF RECORD. WHEN ANY SUCH POSSIBLE CONFLICT OF INTEREST BECOMES RELEVANT TO ANY MATTER REQUIRING BOARD OF DIRECTORS OR COMMITTEE ACTION, IT SHALL BE CALLED TO THE ATTENTION OF THE BOARD OR COMMITTEE AND, IF ANY QUESTION IS RAISED AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE POTENTIALLY INTERESTED PERSON SHALL LEAVE THE MEETING WHILE THE MATTER IS DISCUSSED AND VOTED UPON. THE REMAINING MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE REMAINING MEMBERS DETERMINE THAT A CONFLICT OF INTEREST EXISTS, OR IF NO SUCH VOTE IS TAKEN BECAUSE A CONFLICT OF INTEREST CLEARLY EXISTS, THE DIRECTOR SHALL NOT VOTE ON THE MATTER IN WHICH HE OR SHE (OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY) HAS A POSSIBLE CONFLICT OF INTEREST, SHALL NOT USE PERSONAL INFLUENCE TO AFFECT THE VOTE AND SHALL LEAVE THE ROOM DURING DISCUSSION AND VOTE ON THE MATTER. ANY DIRECTOR WHO IS EXCLUDED FROM VOTING BECAUSE OF SUCH POSSIBLE CONFLICT OF INTEREST MAY ANSWER PERTINENT QUESTIONS OF OTHER DIRECTORS OR COMMITTEE MEMBERS WHEN THE DIRECTOR'S KNOWLEDGE OF THE MATTER MAY ASSIST THE BOARD OR COMMITTEE IN MAKING ITS DETERMINATION. ANY VOTE APPROVING A TRANSACTION THAT INVOLVED A POSSIBLE CONFLICT OF INTEREST SHOULD INCLUDE A DETERMINATION BY THE DISINTERESTED DIRECTORS THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE PARTNERSHIP AND IS FAIR IN ALL RESPECTS TO CAP SONOMA.

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

EACH YEAR THE AGENCY'S BOARD OF DIRECTORS SHALL CONDUCT A REVIEW AND EVALUATE THE EXECUTIVE DIRECTOR'S JOB PERFORMANCE AND SALARY, AND SHALL SET THE EXECUTIVE DIRECTOR'S COMPETENCIES, GOALS, AND OBJECTIVES FOR THE COMING YEAR ("PERFORMANCE STANDARDS"). COMPARABILITY DATA FOR PURPOSES OF COMPENSATION WILL INCLUDE DATA AVAILABLE FROM ORGANIZATIONS WITHIN SONOMA COUNTY/NORTH BAY THAT ARE SIMILARLY SITUATED WITH EQUIVALENT POSITIONS/RESPONSIBILITIES.

Name of the organization COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Employer identification number 94-1648949
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FORM 990, PART VI, SECTION C, LINE 19:
 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
 ARE AVAILABLE ON THE AGENCY'S WEBSITE.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

February 28, 2022

Prepared For:

Community Action Partnership of
Sonoma County
141 Stony Circle 210
Santa Rosa, CA 95401

Prepared By:

Wipfli LLP
PO Box 8700
Madison, WI 53708-8700

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

We recommend that returns be mailed certified mail, return receipt requested with the stamp validated at a postal station in order to have proof of timely mailing.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

February 28, 2022

Prepared For:

Community Action Partnership of
Sonoma County
141 Stony Circle 210
Santa Rosa, CA 95401

Prepared By:

Wipfli LLP
PO Box 8700
Madison, WI 53708-8700

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **03/01/2021**, and ending (mm/dd/yyyy) **02/28/2022**

Corporation/Organization name
COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY

California corporation number
0527948

Additional information. See instructions.
FEIN
94-1648949

Street address (suite or room)
141 STONY CIRCLE, NO. 210

PMB no.

City
SANTA ROSA

State
CA

ZIP code
95401

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) 990PF (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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	686,588	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	14,928,057	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	15,614,645	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	33,526	00
	7	Total costs. Add line 5 and line 6	7	33,526	00
	8	Total gross income. Subtract line 7 from line 4	8	15,581,119	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	15,163,952	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	417,167	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

Sign Here
Signature of officer **INTERIM EXECUT** Title Date _____

Paid Preparer's Use Only
Preparer's signature **JOHN HEMMING, CPA** Date **11/28/22** Check if self-employed **P00856805** Firm's FEIN

Firm's name (or yours, if self-employed) and address **WIPFLI LLP** Telephone **39-0758449**
PO BOX 8700
MADISON, WI 53708-8700 Telephone **608.274.1980**

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	1,256	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	0	00	
	7	Other income SEE STATEMENT 3	•	7	685,332	00	
	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	686,588	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	3,385,625	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	224,849	00	
	12	Other salaries and wages	•	12	6,286,416	00	
	Expenses and Disbursements	13	Interest	•	13	108,638	00
		14	Taxes	•	14	525,878	00
		15	Rents	•	15	720,683	00
		16	Depreciation and depletion (See instructions)	•	16	265,472	00
		17	Other expenses and disbursements SEE STATEMENT 6	•	17	3,646,391	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	15,163,952	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,462,140		• 1,454,943
2 Net accounts receivable		24,733		• 85,217
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	6,592,161		6,739,366	
b Less accumulated depreciation	(3,794,075)	2,798,086	(3,919,327)	2,820,039
11 Land		554,706		• 554,706
12 Other assets STMT 7		1,569,340		• 1,754,158
13 Total assets		7,409,005		6,669,063
Liabilities and net worth				
14 Accounts payable		1,627,402		• 1,731,629
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		2,162,182		• 2,141,091
18 Other liabilities STMT 8		2,105,847		865,602
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		1,513,574		• 1,930,741
22 Total liabilities and net worth		7,409,005		6,669,063

Schedule M-1 Reconciliation of income per books with income per return					
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	• 417,167	7	Income recorded on books this year not included in this return. Attach schedule	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year. Attach schedule	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule	•	10	Net income per return. Subtract line 9 from line 6	417,167
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6	Total. Add line 1 through line 5	417,167			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201		8,175,950.
U.S. DEPARTMENT OF TREASURY	1500 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20005		2,807,342.
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	451 7TH ST., S.W. WASHINGTON, DC 20410		354,644.
U.S. DEPARTMENT OF AGRICULTURE	1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250		95,383.
KEITH RILEY	1681 BARLOW LANE SEBASTOPOL, CA 95472		18,540.
DRAKE SADLER/TRADITIONAL MEDICINALS FOUNDATION	4515 ROSS ROAD SEBASTOPOL, CA 95472		10,000.
KAYE HENZERLING	690 PALM AVENUE PENNGROVE, CA 94951		10,000.
MARY PRCHAL	141 STONY CIRCLE, NO. 210 SANTA ROSA, CA 95401		10,000.
DR. SUSAN COOPER KLEINBORT	2484 SHADY CREEK COURT SANTA ROSA, CA 95404		5,000.
TOTAL INCLUDED ON LINE 3			<u>11,486,859.</u>

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
DISPOSAL OF FIXED ASSETS			PURCHASED	
	33,526.	0.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	33,526.	0.	0.	0.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	107,060.
RENTAL INCOME	191,527.
CONTRACT REVENUE	386,745.
TOTAL TO FORM 199, PART II, LINE 7	685,332.

CA 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 4

ACTIVITY CLASSIFICATION: CARES ACT RENTAL ASSISTANCE

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CATHOLIC CHARITIES OF THE DIOCESE OF SAN	PO BOX 4900 - SANTA ROSA, CA 95402	NONE	70,524.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CORAZON RESOURCE CENTER	PO BOX 1004 - HEALDSBURG, CA 95448	NONE	151,260.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
LA LUZ CENTER	17560 GREGER STREET - SONOMA, CA 95476	NONE	55,278.

TOTAL FOR THIS ACTIVITY 277,062.

ACTIVITY CLASSIFICATION: HOUSING ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS INDIVIDUALS	141 STONY CIRCLE, SUITE 210 - SANTA ROSA, CA 95401	NONE	2,727,222.

TOTAL FOR THIS ACTIVITY 2,727,222.

ACTIVITY CLASSIFICATION: DISASTER RELIEF ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS INDIVIDUALS	141 STONY CIRCLE, SUITE 210 - SANTA ROSA, CA 95401	NONE	296,340.

TOTAL FOR THIS ACTIVITY 296,340.

ACTIVITY CLASSIFICATION: P3 PARTICIPATION STIPEND

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LA LUZ CENTER	17560 GREGER STREET - SONOMA, CA 95476	NONE	5,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BILINGUAL BROADCASTING FOUNDATION, INC.	PO BOX 7189 - SANTA ROSA, CA 95407	NONE	5,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA INDIAN MUSEUM AND CULTURAL CE	5250 AERO DRIVE - SANTA ROSA, CA 95403	NONE	5,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR VOLUNTEER & NONPROFIT LEADERS	153 STONY CIRCLE #100 - SANTA ROSA, CA 95401	NONE	5,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DISABILITY SERVICES & LEGAL CENTER	521 MENDOCINO AVENUE - SANTA ROSA, CA 95401	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FARM TO PANTRY	PO BOX 191 - HEALDSBURG, CA 95448	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IGLESIA CRISTIANA S ELOHLM	6640 REDWOOD DRIVE - ROHNERT PARK, CA 94928	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
IMCF (INTEGRATIVE MEDICAL CLINIC FOUNDAT	2777 YULUPA AVE #289 - SANTA ROSA, CA 95405	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INTEGRATIVE HEALERS ACTION NETWORK	432 AVIATION BLVD - SANTA ROSA, CA 95403	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LATINO SERVICE PROVIDERS	1015A CENTER STREET - SANTA ROSA, CA 95403	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NUESTRA COMUNIDAD	5510 SKYLANE BLVD SUITE 200A - SANTA ROSA, CA 95403	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PETALUMA PEOPLE SERVICES CENTER	1550A PETALUMA BLVD SOUTH - PETALUMA, CA 94952	NONE	5,667.
<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAIZES COLLECTIVE	PO BOX 8606 - SANTA ROSA, CA 95407	NONE	5,667.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNITED WAY OF THE WINE COUNTRY	975 CORPORATE CENTER PARKWAY SUITE 160 - SANTA ROSA, CA 95407	NONE	5,667.
VARIOUS ORGANIZATIONS	141 STONY CIRCLE, SUITE 210 - SANTA ROSA, CA 95401	NONE	5,663.
TOTAL FOR THIS ACTIVITY			85,001.
TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>3,385,625.</u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SUSAN COOPER KLEINBORT 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	EXECUTIVE DIRECTOR 40.00	138,554.
RUPINDER MALHI 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	CFO (THROUGH 8/21) 40.00	86,295.
JOHNATHAN NOLEN 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	PRESIDENT 5.00	0.
DENISE RAGOZZINO 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	VICE PRESIDENT 1.00	0.
BETZY CHAVEZ 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.

COMMUNITY ACTION PARTNERSHIP OF SONOMA C

94-1648949

EDWARD CHIO 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
HAEJIN HAN 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER (THROUGH 7/21 1.00	0.
JOEY HEJNOWICZ 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
RICHARD HORRELL 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
JEREMY JOHNSON 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
CONNIE LOPEZ MARX 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
JAMIE PADILLA 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER (THROUGH 11/2 1.00	0.
JIM SANSONE 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
TIM SERGENT 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.
TODD SHEFFIELD 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER (THROUGH 5/21 1.00	0.
SUSY VALLE 141 STONY CIRCLE, 210 SANTA ROSA, CA 95401	BOARD MEMBER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11

224,849.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
BUILDING MAINTENANCE & INDIRECT/ADMIN EXPENSES		512,535.
EMPLOYEE DEVELOPMENT		314,268.
IN-KIND EXPENSES		153,167.
PENSION PLAN CONTRIBUTIONS		5,437.
OTHER EMPLOYEE BENEFITS		126,641.
LEGAL FEES		949,239.
ACCOUNTING FEES		2,238.
OTHER PROFESSIONAL FEES		45,365.
OFFICE EXPENSES		240,849.
INFORMATION TECHNOLOGY		549,199.
TRAVEL		524,068.
CONFERENCES AND CONVENTIONS		62,045.
INSURANCE		19,775.
ALL OTHER EXPENSES		109,398.
		32,167.
TOTAL TO FORM 199, PART II, LINE 17		3,646,391.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,406,551.	1,608,335.
PREPAID EXPENSES AND DEFERRED CHARGES	161,513.	145,823.
INTANGIBLE ASSETS	1,276.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,569,340.	1,754,158.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	613,309.	865,602.
UNSECURED NOTES AND LOANS PAYABLE	1,492,538.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,105,847.	865,602.

CA 199

FUND BALANCES

STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,132,269.	1,019,417.
NET ASSETS WITH DONOR RESTRICTIONS	381,305.	911,324.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,513,574.	1,930,741.

TAXABLE YEAR
2021

**California e-file Return Authorization for
Exempt Organizations**

FORM
8453-EO

Exempt Organization name COMMUNITY ACTION PARTNERSHIP OF SONOMA COUNTY	Identifying number 94-1648949
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	15,614,645
2 Total gross income (Form 199, line 8)	2	15,581,119
3 Total expenses and disbursements (Form 199, line 9)	3	15,163,952

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here  _____ **INTERIM EXECUTIVE DIRECTOR**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature JOHN HEMMING, CPA	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00856805
	Firm's name (or yours if self-employed) and address WIPFLI LLP PO BOX 8700 MADISON, WI				Firm's FEIN 39-0758449 ZIP code 53708-8700

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address _____			Firm's FEIN ZIP code

**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.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

COMMUNITY ACTION PARTNERSHIP OF
SONOMA COUNTY

Name of Organization

List all DBAs and names the organization uses or has used

141 STONY CIRCLE, NO. 210

Address (Number and Street)

SANTA ROSA, CA 95401

City or Town, State, and ZIP Code

707-544-6911

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number CT8711

Corporation or Organization No. 0527948

Federal Employer ID No. 94-1648949

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 03/01/2021 ending 02/28/2022) list:

Total Revenue (including noncash contributions) \$ 15,581,119 Noncash Contributions \$ 5,437 Total Assets \$ 6,669,063
Program Expenses \$ 13,174,864 Total Expenses \$ 15,163,952

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?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
SEE STATEMENT 10		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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.

JOHNATHAN NOLEN

Printed Name

**INTERIM EXECUTIVE
DIRECTO**

Title

Signature of Authorized Agent

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 10

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE., S.W., WASHINGTON, DC 20201

U.S. DEPARTMENT OF TREASURY
1500 PENNSYLVANIA AVE., N.W., WASHINGTON, DC 20005

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
451 7TH ST., S.W., WASHINGTON, DC 20410

U.S. DEPARTMENT OF AGRICULTURE
1400 INDEPENDENCE AVE., S.W., WASHINGTON, DC 20250