Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning 07/01/2022 and ending	06/30/2	2023			
В	Check if	applicable:	C Name of organization COMMUNITY MATTERS		D Employer identification number			
	Address	ress change Doing business as				68-0369720		
$\overline{\Box}$		e change Number and street (or P.O. box if mail is not delivered to street address) Room/suite			E Telephone number			
\Box	Initial return		PO BOX 14816		707-823-6159			
\exists			City or town, state or province, country, and ZIP or foreign postal code					
Н	Amende			G Gross	receipts \$ 1,686,123			
\exists					(a) Is this a group return for subordinates? Yes V No			
ш	Application pending		PO BOX 14816, SANTA ROSA, CA 95402	1	subordinates included? Yes No			
_	Tay-eye	mnt status		· · ·		ch a list. See instructions.		
I Tax-exempt status:								
_	Form of organization: Corporation Trust Association Other L Year of formation: 1996							
_	art I			ni. 1996	IVI State	of legal domicile: CA		
		Summary Priofly describe the expenientian's mission or most significant activities. COMMUNITY MATTERS COLLADORATES MITH.						
nce	1	1 Briefly describe the organization's mission or most significant activities: COMMUNITY MATTERS COLLABORATES WITH SCHOOLS AND COMMUNITIES TO CREATE AND MAINTAIN SAFE, INCLUSIVE ENVIRONMENTS WHERE ALL YOUTH (Continued on Schedule O, Statement 1)						
па								
) Ve	2					s net assets.		
Activities & Governance	3				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 2022 (Part V, line 2a)			5	13		
	6		per of volunteers (estimate if necessary)		6	15_		
Ă	7a		ated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unrelat	red business taxable income from Form 990-T, Part I, line 11		7b	0		
Revenue				Prior Yea	r	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		9	40,214	952,967		
	9	Program service revenue (Part VIII, line 2g)		6	63,867	693,043		
	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		8,637	1,642		
	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			20,271		
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,6	12,718	1,667,923		
Expenses	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)			0		
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0		
	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)	6	50,278	743,432		
	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0		
	b		aising expenses (Part IX, column (D), line 25) 136,205					
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	59		707,232		
	18	-	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,240,9		1,450,664		
	19	-	ess expenses. Subtract line 18 from line 12	371,804		217,259		
Net Assets or Fund Balances			•	Beginning of Curre		End of Year		
	20	Total asset	s (Part X, line 16)		85,332	802,079		
Ass I Ba	21		ties (Part X, line 26)		63,062	162,550		
E E	22		or fund balances. Subtract line 21 from line 20		22.270	639,529		
	art II		re Block		22,270	000,020		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know						my knowledge and belief it is		
			e. Declaration of preparer (other than officer) is based on all information of which preparer			, m.om.ougo una zono., m.o		
		Crica logal				1/14/2023		
Sig	an	Signature of	officer					
	ere	Signature of officer Date ERICA VOGEL, CEO						
		Type or print name and title						
		District Time and a service of the s						
Pa		IEDEMV		14/2023	Check L self-emp	"_ !		
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Us	e Onl	Firm's nan		Firm's		26-2176601		
N/a	v tha IF	Firm's add		Phone	e no.	208-287-4777		
ivid	ушен	าง นเรยนรริ	this return with the preparer shown above? See instructions			. V Yes No		

Cat. No. 11282Y