

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

COMMUNITY WORKS WEST, INC.
110 BROADWAY
OAKLAND, CA 94607

PREPARED BY:

ARMANINO LLP
100 QUENTIN ROOSEVELT BLVD #516
GARDEN CITY, NY 11530

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 WORKS WEST, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 110 BROADWAY City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94607	D Employer identification number 20-5278030 E Telephone number 510-268-8116
F Name and address of principal officer: SAME AS C ABOVE		G Gross receipts \$ 4,449,873. 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 checked="" 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.COMMUNITYWORKSWEST.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: 2006 M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS DEDICATED TO PROVIDING THE DISENFRANCHISED POPULATION IN THE SAN FRANCISCO BAY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	69
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	222.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	307,652.	241,408.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,540,019.	4,208,243.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,910.	222.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
12			3,855,581.	4,449,873.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	2,205,236.	3,354,937.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,039,739.	1,273,736.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,244,975.	4,628,673.	
19	Revenue less expenses. Subtract line 18 from line 12	610,606.	-178,800.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,260,482.	4,952,141.
	22	Net assets or fund balances. Subtract line 21 from line 20	923,193.	1,793,652.
22		3,337,289.	3,158,489.	

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 ADRIENNE HOGG, CO-EXECUTIVE DIRECTOR	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LEONARD OKUN	Preparer's signature LEONARD OKUN
	Firm's name ARMANINO LLP	Date 03/20/24
	Firm's address 100 QUENTIN ROOSEVELT BLVD #516 GARDEN CITY, NY 11530	Check if self-employed <input type="checkbox"/> PTIN P00001749
		Firm's EIN 94-6214841
		Phone no. 516-542-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION IS DEDICATED TO PROVIDING THE DISENFRANCHISED POPULATION IN THE SAN FRANCISCO BAY AREA WITH OPPORTUNITES TO BUILD COMMUNITY AND GIVE VOICE TO THEIR EXPERIENCES. PROGRAMS ARE ALSO INVOLVED WITH THE PRISON POPULATION IN THE SAN FRANCISCO BAY AREA.

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 No

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

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 \$ 3,788,577. including grants of \$) (Revenue \$ 4,208,243.) THE ORGANIZATION IS DEDICATED TO PROVIDING THE DISENFRANCHISED POPULATION IN THE SAN FRANCISCO BAY AREA WITH OPPORTUNITES TO BUILD COMMUNITY AND GIVE VOICE TO THEIR EXPERIENCES. PROGRAMS ARE ALSO INVOLVED WITH THE PRISON POPULATION IN THE SAN FRANCISCO BAY AREA AND WITH STOPPING DOMESTIC VIOLENCE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,788,577.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include 2a (69 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b, 7c (X), 7d, 7e, 7f, 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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 (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 [X] 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
ADRIENNE HOGG - 510-486-2340
110 BROADWAY, OAKLAND, CA 94607

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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) ADRIENNE HOGG CO-EXECUTIVE DIREC	50.00			X			126,885.	0.	0.	
(2) ISAAC WEISKOPF BOARD MEMBER	5.00	X					0.	0.	0.	
(3) KIM ANNO BOARD MEMBER	5.00	X					0.	0.	0.	
(4) KAD SMITH BOARD MEMBER	5.00	X					0.	0.	0.	
(5) WILLIAM ROY BOARD MEMBER	5.00	X					0.	0.	0.	
(6) JEANNE BELL SECRETARY	5.00	X		X			0.	0.	0.	
(7) TAILANI WILSON-CRAWFORD BOARD MEMBER	5.00	X					0.	0.	0.	
(8) ERIN KERRISON BOARD MEMBER	5.00	X					0.	0.	0.	
(9) STEPHANIE OANA PRESIDENT	5.00	X		X			0.	0.	0.	
(10) ANTONETTE WEST BOARD MEMBER	5.00	X					0.	0.	0.	
(11) CAROLINE WATTS BOARD MEMBER	5.00	X					0.	0.	0.	

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			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	241,408.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		241,408.		
Program Service Revenue	2 a	PROGRAM FEES	Business Code			
			900099	4,208,243.	4,208,243.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		4,208,243.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		222.	222.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses ...	6b			
	6 c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses	7b			
	7 c	Gain or (loss)	7c			
	d	Net gain or (loss)				
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
8 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					
9 b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
10 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				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		4,449,873.	4,208,243.	222.	0.

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	251,462.	226,316.	25,146.	
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	2,546,824.	2,296,053.	250,771.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	305,489.	285,810.	19,679.	
10 Payroll taxes	251,162.	225,084.	26,078.	
11 Fees for services (nonemployees):				
a Management	449,233.	196,464.	252,769.	
b Legal				
c Accounting				
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.)				
12 Advertising and promotion				
13 Office expenses	51,709.	22,166.	29,543.	
14 Information technology				
15 Royalties				
16 Occupancy	284,266.	213,250.	71,016.	
17 Travel	26,701.	21,417.	5,284.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,223.	1,081.	3,142.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,200.		18,200.	
23 Insurance	28,548.	11,819.	16,729.	
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 PROGRAM EXPENSES	205,187.	181,619.	23,568.	
b STAFF TRAINING	48,069.	28,028.	20,041.	
c UTILITIES	46,399.	23,984.	22,415.	
d COMPUTER EXPENSE	39,135.	28,250.	10,885.	
e All other expenses	72,066.	27,236.	44,830.	
25 Total functional expenses. Add lines 1 through 24e	4,628,673.	3,788,577.	840,096.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,916,534.	2	2,296,363.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	851,333.	4	1,226,507.
	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	18,518.	9	30,034.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 217,657.		
	b Less: accumulated depreciation	10b 164,973.	45,884.	10c 52,684.
	11 Investments - publicly traded securities	28,111.	11	27,100.
	12 Investments - other securities. See Part IV, line 11	7,100.	12	50,200.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,393,002.	15	1,269,253.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,260,482.	16	4,952,141.	
Liabilities	17 Accounts payable and accrued expenses	486,492.	17	498,995.
	18 Grants payable		18	
	19 Deferred revenue	436,701.	19	381,405.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	913,252.
	26 Total liabilities. Add lines 17 through 25	923,193.	26	1,793,652.
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	2,485,956.	27	1,931,982.
	28 Net assets with donor restrictions	851,333.	28	1,226,507.
	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	3,337,289.	32	3,158,489.
	33 Total liabilities and net assets/fund balances	4,260,482.	33	4,952,141.

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	4,449,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,628,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	-178,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,337,289.
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	3,158,489.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization COMMUNITY WORKS WEST, INC.	Employer identification number 20-5278030
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2037520.	531,304.	395,219.	307,652.	241,408.	3513103.
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	2037520.	531,304.	395,219.	307,652.	241,408.	3513103.
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)						2109702.
6 Public support. Subtract line 5 from line 4.						1403401.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2037520.	531,304.	395,219.	307,652.	241,408.	3513103.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,057.	1,969.	11,146.	7,910.	222.	27,304.
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.)						
11 Total support. Add lines 7 through 10						3540407.
12 Gross receipts from related activities, etc. (see instructions)					12	17,900,542.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	39.64 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	38.24 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part VI

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

Horizontal lines for supplemental information input.

COPY

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

COMMUNITY WORKS WEST, INC.

Employer identification number

20-5278030

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization COMMUNITY WORKS WEST, INC.	Employer identification number 20-5278030
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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	NETWORK FOR GOOD 1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	\$ 22,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ZELLERBACH FOUNDATION 575 MARKET STREET SAN FRANCISCO, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMALGAMATED BANK 275 7TH AVENUE NEW YORK, NY 10001	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JEWISH FEDERATION CINCINNATI 8499 RIDGE AVE CINCINNATI, OH 45236	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BOTHIN FOUNDATION 1660 BUSH ST SAN FRANCISCO, CA 94109	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JEWISH COMMUNITY FEDERATION 121 STEUART ST SAN FRANCISCO, CA 94105	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY WORKS WEST, INC.	Employer identification number 20-5278030
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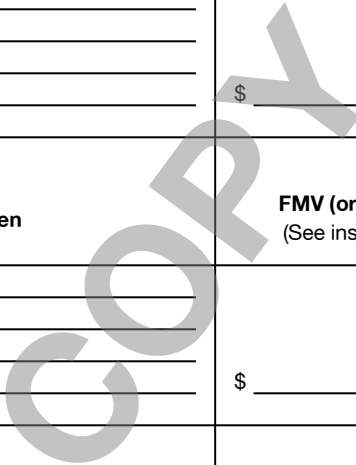
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BENEVITY COMMUNITY IMPACT FUND 40 E MAIN ST STE 887 NEWARK, DE 19711	\$ 6,585.	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.)
_____	_____ _____ _____	\$ _____	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 WORKS WEST, INC.	Employer identification number 20-5278030
---	---

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

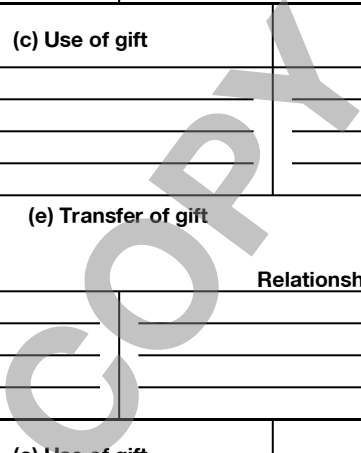
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization COMMUNITY WORKS WEST, INC.	Employer identification number 20-5278030
---	---

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

2022

Open to Public
Inspection

Name of the organization **COMMUNITY WORKS WEST, INC.** Employer identification number **20-5278030**

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 July 25, 2006, 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) 2022

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

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

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

- 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? <input type="checkbox"/> | 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		217,657.	164,973.	52,684.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				52,684.

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) ERTC RECIEVABLE	413,859.
(2) RIGHT OF USE ASSET	855,394.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,269,253.

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) LEASE LIABILITY	913,252.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	913,252.

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 ...

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	4,579,498.
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	129,625.	
e	Add lines 2a through 2d	2e		129,625.
3	Subtract line 2e from line 1	3		4,449,873.
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		4,449,873.

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	4,758,298.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		4,758,298.
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	-129,625.	
c	Add lines 4a and 4b	4c		-129,625.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,628,673.

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:

UNCERTAIN TAX POSITIONS - THE ORGANIZATION EVALUATES UNCERTAIN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR RECOGNITION IN ITS FINANCIAL STATEMENTS. THE ORGANIZATION WAS NOT REQUIRED TO RECOGNIZE ANY AMOUNTS FROM UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022. THE ORGANIZATION'S CONCLUSIONS REGARDING UNCERTAIN TAX POSITIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED UPON ONGOING ANALYSES OF TAX LAWS, REGULATIONS AND INTERPRETATIONS THEREOF AS WELL AS OTHER FACTORS. GENERALLY, FEDERAL AND STATE AUTHORITIES MAY EXAMINE THE ORGANIZATION'S TAX RETURNS FOR THREE YEARS FROM THE DATE OF FILING.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

EMPLOYEE RETENTION TAX CREDIT

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EMPLOYEE RETENTION TAX CREDIT - REDUCTION IN SALARIES
EXPENSE

SCHEDULE D PART XII LINES 2D & 4D

TO REFLECT THE EMPLOYEE RETENTION TAX CREDIT FOR TAX PURPOSES



**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

2022

Open to Public
Inspection

Name of the organization

COMMUNITY WORKS WEST, INC.

Employer identification number

20-5278030

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

AREA WITH OPPORTUNITES TO BUILD COMMUNITY AND GIVE VOICE TO THEIR
EXPERIENCES. PROGRAMS ARE ALSO INVOLVED WITH THE PRISON POPULATION IN
THE SAN FRANCISCO BAY AREA.

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

LINE 11A EXPLANATION - ORGANIZATION GOVERNING BODY REVIEWS FORM 990 AND THE
FINANCIAL INFORMATION PRESENTED AS REPORTED IN THE FINANCIAL STATEMENTS AND
IN THE BOOKS AND RECORDS.

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

ORGANIZATION REVIEWS POLICIES FOR COMPLIANCE WITH RESPECT TO EACH PROGRAM
SUPPORTED IN CONJUNCTION WITH GRANTOR'S REQUIREMENTS.

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

SALARIES ARE BASED ON COMPARATIVE SALARIES FOR JOB CLASSIFICATIONS IN THE
COMMON GEOGRAPHIC AREA

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

UPON REQUEST ALL DOCUMENTS CAN BE PROVIDED TO POTENTIAL GRANTORS, DONORS,
CONTRIBUTORS OR GOVERNMENTAL REGULATORY BODY.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

COMMUNITY WORKS WEST, INC.

Employer identification number

20-5278030

COPY

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	OFFICE FURNITURE	01/01/08	SL	5.00		16	2,044.				2,044.	2,044.		0.	2,044.
11	OFFICE FURNITURE	10/30/17	SL	5.00		16	25,412.				25,412.	23,711.		1,701.	25,412.
18	OFFICE FURNITURE	07/14/19	SL	5.00		16	1,673.				1,673.	1,005.		335.	1,340.
19	OFFICE FURNITURE	09/04/19	SL	5.00		16	1,455.				1,455.	825.		291.	1,116.
20	OFFICE FURNITURE	10/08/19	SL	5.00		16	808.				808.	445.		162.	607.
22	OFFICE FURNITURE	11/29/19	SL	5.00		16	917.				917.	473.		183.	656.
24	OFFICE FURNITURE	05/11/20	SL	5.00		16	379.				379.	165.		76.	241.
28	OFFICE FURNITURE	05/12/21	SL	5.00		16	492.				492.	114.		98.	212.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						33,180.				33,180.	28,782.		2,846.	31,628.
	MACHINERY & EQUIPMENT														
2	OFFICE EQUIPMENT	01/01/08	SL	5.00		16	61,768.				61,768.	61,768.		0.	61,768.
4	COMPUTERS	04/06/10	SL	5.00		16	4,868.				4,868.	4,868.		0.	4,868.
5	PHONE SYSTEM	03/20/12	SL	5.00		16	1,932.				1,932.	1,932.		0.	1,932.
6	PRINTER	02/20/14	SL	5.00		16	7,331.				7,331.	7,331.		0.	7,331.
7	CAMERA	08/02/13	SL	5.00		16	3,300.				3,300.	3,300.		0.	3,300.
8	COMPUTERS	02/05/15	SL	5.00		16	1,420.				1,420.	1,420.		0.	1,420.
9	COMPUTERS	05/01/15	SL	5.00		16	2,728.				2,728.	2,728.		0.	2,728.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10	OFFICE EQUIPMENT	01/01/08	SL	5.00		16	-31,747.				-31,747.			0.	
12	PHONE SYSTEM	12/04/18	SL	5.00		16	1,368.				1,368.	1,096.		272.	1,368.
13	PHONE SYSTEM	01/06/19	SL	5.00		16	1,376.				1,376.	1,098.		275.	1,373.
16	COMPUTERS	02/25/19	SL	5.00		16	2,076.				2,076.	1,660.		415.	2,076.
17	COMPUTERS	04/22/19	SL	5.00		16	1,987.				1,987.	1,588.		397.	1,987.
21	COMPUTERS	10/29/19	SL	5.00		16	1,484.				1,484.	792.		297.	1,089.
23	COMPUTERS	05/11/20	SL	5.00		16	1,724.				1,724.	747.		345.	1,092.
25	COMPUTERS	01/13/21	SL	5.00		16	2,229.				2,229.	669.		446.	1,115.
26	COMPUTERS	01/14/21	SL	5.00		16	2,238.				2,238.	672.		448.	1,120.
27	COMPUTERS	02/22/21	SL	5.00		16	2,480.				2,480.	661.		496.	1,157.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						68,562.				68,562.	92,330.		3,391.	95,724.
	TRANSPORTATION EQUIPMENT														
3	TRANSPORTATION EQUIPMENT	01/01/08	SL	5.00		16	25,662.				25,662.	25,662.		0.	25,662.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						25,662.				25,662.	25,662.		0.	25,662.
	OTHER														
29	CLIENT DATABASE	07/31/22	SL	5.00		16	65,254.				65,254.			11,963.	11,963.
30	WORK IN PROGRESS	06/30/23	NC	.000	HY		25,000.				25,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						90,254.				90,254.	0.		11,963.	11,963.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						217,658.				217,658.	146,774.		18,200.	164,977.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						127,404.			0.	127,404.	146,774.			153,014.
	ACQUISITIONS						90,254.			0.	90,254.	0.			11,963.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						217,658.			0.	217,658.	146,774.			164,977.
	ENDING ACCUM DEPR											164,977.			
	ENDING BOOK VALUE											52,681.			

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 WORKS WEST, INC.	Taxpayer identification number (TIN) 20-5278030
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. 110 BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

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		

ADRIENNE HOGG

- The books are in the care of ▶ **110 BROADWAY - OAKLAND, CA 94607**

Telephone No. ▶ **510-486-2340**

Fax No. ▶ **510-647-8560**

- 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 **MAY 15, 2024**, 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 **JUL 1, 2022**, and ending **JUN 30, 2023**.

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.

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

COMMUNITY WORKS WEST, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
1	OFFICE FURNITURE	010108	SL	5.00	2,044.		2,044.	2,044.	0.
11	OFFICE FURNITURE	103017	SL	5.00	25,412.		25,412.	25,412.	0.
18	OFFICE FURNITURE	071419	SL	5.00	1,673.		1,673.	1,340.	333.
19	OFFICE FURNITURE	090419	SL	5.00	1,455.		1,455.	1,116.	291.
20	OFFICE FURNITURE	100819	SL	5.00	808.		808.	607.	162.
22	OFFICE FURNITURE	112919	SL	5.00	917.		917.	656.	183.
24	OFFICE FURNITURE	051120	SL	5.00	379.		379.	241.	76.
28	OFFICE FURNITURE	051221	SL	5.00	492.		492.	212.	98.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				33,180.		33,180.	31,628.	1,143.
	MACHINERY & EQUIPMENT								
2	OFFICE EQUIPMENT	010108	SL	5.00	61,768.		61,768.	61,768.	0.
4	COMPUTERS	040610	SL	5.00	4,868.		4,868.	4,868.	0.
5	PHONE SYSTEM	032012	SL	5.00	1,932.		1,932.	1,932.	0.
6	PRINTER	022014	SL	5.00	7,331.		7,331.	7,331.	0.
7	CAMERA	080213	SL	5.00	3,300.		3,300.	3,300.	0.
8	COMPUTERS	020515	SL	5.00	1,420.		1,420.	1,420.	0.
9	COMPUTERS	050115	SL	5.00	2,728.		2,728.	2,728.	0.
10	OFFICE EQUIPMENT	010108	SL	5.00	-31,747.		-31,747.		0.
12	PHONE SYSTEM	120418	SL	5.00	1,368.		1,368.	1,368.	0.
13	PHONE SYSTEM	010619	SL	5.00	1,376.		1,376.	1,373.	3.
16	COMPUTERS	022519	SL	5.00	2,076.		2,076.	2,076.	1.
17	COMPUTERS	042219	SL	5.00	1,987.		1,987.	1,987.	2.
21	COMPUTERS	102919	SL	5.00	1,484.		1,484.	1,089.	297.
23	COMPUTERS	051120	SL	5.00	1,724.		1,724.	1,092.	345.
25	COMPUTERS	011321	SL	5.00	2,229.		2,229.	1,115.	446.
26	COMPUTERS	011421	SL	5.00	2,238.		2,238.	1,120.	448.
27	COMPUTERS	022221	SL	5.00	2,480.		2,480.	1,157.	496.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				68,562.		68,562.	95,724.	2,038.
	TRANSPORTATION EQUIPMENT								
3	TRANSPORTATION EQUIPMENT	010108	SL	5.00	25,662.		25,662.	25,662.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

COMMUNITY WORKS WEST, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				25,662.		25,662.	25,662.	0.
	OTHER								
29	CLIENT DATABASE	073122	SL	5.00	65,254.		65,254.	11,963.	13,051.
30	WORK IN PROGRESS	063023	NC	.000	25,000.		25,000.		0.
	* 990 PAGE 10 TOTAL OTHER				90,254.		90,254.	11,963.	13,051.
	* GRAND TOTAL 990 PAGE 10 DEPR				217,658.		217,658.	164,977.	16,232.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

COMMUNITY WORKS WEST, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	OFFICE FURNITURE	010108	SL	5.00	2,044.		2,044.	2,044.	0.
11	OFFICE FURNITURE	103017	SL	5.00	25,412.		25,412.	25,412.	0.
18	OFFICE FURNITURE	071419	SL	5.00	1,673.		1,673.	1,340.	333.
19	OFFICE FURNITURE	090419	SL	5.00	1,455.		1,455.	1,116.	291.
20	OFFICE FURNITURE	100819	SL	5.00	808.		808.	607.	162.
22	OFFICE FURNITURE	112919	SL	5.00	917.		917.	656.	183.
24	OFFICE FURNITURE	051120	SL	5.00	379.		379.	241.	76.
28	OFFICE FURNITURE	051221	SL	5.00	492.		492.	212.	98.
2	OFFICE EQUIPMENT	010108	SL	5.00	61,768.		61,768.	61,768.	0.
4	COMPUTERS	040610	SL	5.00	4,868.		4,868.	4,868.	0.
5	PHONE SYSTEM	032012	SL	5.00	1,932.		1,932.	1,932.	0.
6	PRINTER	022014	SL	5.00	7,331.		7,331.	7,331.	0.
7	CAMERA	080213	SL	5.00	3,300.		3,300.	3,300.	0.
8	COMPUTERS	020515	SL	5.00	1,420.		1,420.	1,420.	0.
9	COMPUTERS	050115	SL	5.00	2,728.		2,728.	2,728.	0.
10	OFFICE EQUIPMENT	010108	SL	5.00	-31,747.		-31,747.		0.
12	PHONE SYSTEM	120418	SL	5.00	1,368.		1,368.	1,368.	0.
13	PHONE SYSTEM	010619	SL	5.00	1,376.		1,376.	1,373.	3.
16	COMPUTERS	022519	SL	5.00	2,076.		2,076.	2,076.	1.
17	COMPUTERS	042219	SL	5.00	1,987.		1,987.	1,987.	2.
21	COMPUTERS	102919	SL	5.00	1,484.		1,484.	1,089.	297.
23	COMPUTERS	051120	SL	5.00	1,724.		1,724.	1,092.	345.
25	COMPUTERS	011321	SL	5.00	2,229.		2,229.	1,115.	446.
26	COMPUTERS	011421	SL	5.00	2,238.		2,238.	1,120.	448.
27	COMPUTERS	022221	SL	5.00	2,480.		2,480.	1,157.	496.
3	TRANSPORTATION EQUIPMENT	010108	SL	5.00	25,662.		25,662.	25,662.	0.
29	CLIENT DATABASE	073122	SL	5.00	65,254.		65,254.	11,963.	13,051.
30	WORK IN PROGRESS	063023	NC	.000	25,000.		25,000.		0.
	TOTAL FORM 199 DEPRECIATION				217,658.		217,658.	164,977.	16,232.
	TOTALS FOR CALIFORNIA				217,658.		217,658.	164,977.	16,232.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

COMMUNITY WORKS WEST, INC.
110 BROADWAY
OAKLAND, CA 94607

PREPARED BY:

ARMANINO LLP
100 QUENTIN ROOSEVELT BLVD #516
GARDEN CITY, NY 11530

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	\$	0

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 2022 or fiscal year beginning (mm/dd/yyyy) **07/01/2022**, and ending (mm/dd/yyyy) **06/30/2023**

Corporation/Organization name COMMUNITY WORKS WEST, INC.		California corporation number 2851021	
Additional information. See instructions.		FEIN 20-5278030	
Street address (suite or room) 110 BROADWAY		PMB no.	
City OAKLAND		State CA	ZIP code 94607
Foreign country name		Foreign province/state/county	
		Foreign postal code	

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS</p>
--	---

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	4,208,465	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	241,408	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	4,449,873	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	4,449,873	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,628,673	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-178,800	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
Sign Here	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.				
Paid Preparer's Use Only	Signature of officer LEONARD OKUN		Title CO-EXECUTIVE D	Date	<input type="checkbox"/> Telephone
	Preparer's signature LEONARD OKUN		Date 03/20/24	Check if self-employed <input type="checkbox"/>	<input type="checkbox"/> PTIN P00001749
	Firm's name (or yours, if self-employed) and address ARMANINO LLP		<input type="checkbox"/> Firm's FEIN 94-6214841		
	100 QUENTIN ROOSEVELT BLVD #516		<input type="checkbox"/> Telephone 516-542-6300		
GARDEN CITY, NY 11530					
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	222	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)	•	6		00	
	7	Other income	•	7	4,208,243	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	4,208,465	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	251,462	00	
	12	Other salaries and wages	•	12	2,546,824	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	251,162	00
		15	Rents	•	15	284,266	00
		16	Depreciation and depletion (See instructions)	•	16	18,200	00
		17	Other expenses and disbursements	•	17	1,276,759	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,628,673	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,916,534	•	2,296,363
2 Net accounts receivable		851,333	•	1,226,507
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	STMT 5	35,211	•	77,300
10 a Depreciable assets	STMT 9	192,658		217,658
b Less accumulated depreciation	(146,774)	45,884	(164,974)	52,684
11 Land			•	
12 Other assets	STMT 6	1,411,520	•	1,299,287
13 Total assets		4,260,482		4,952,141
Liabilities and net worth				
14 Accounts payable		486,492	•	498,995
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities	STMT 7	436,701		1,294,657
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,337,289	•	3,158,489
22 Total liabilities and net worth		4,260,482		4,952,141

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	•	-178,800	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
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		-178,800	

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NETWORK FOR GOOD	1140 CONNECTICUT AVENUE NW WASHINGTON, DC 20036		22,376.
ZELLERBACH FOUNDATION	575 MARKET STREET SAN FRANCISCO, CA 94105		50,000.
AMALGAMATED BANK	275 7TH AVENUE NEW YORK, NY 10001		30,000.
JEWISH FEDERATION CINCINNATI	8499 RIDGE AVE CINCINNATI, OH 45236		50,000.
BOTHIN FOUNDATION	1660 BUSH ST SAN FRANCISCO, CA 94109		50,000.
JEWISH COMMUNITY FEDERATION	121 STEUART ST SAN FRANCISCO, CA 94105		20,000.
BENEVITY COMMUNITY IMPACT FUND	40 E MAIN ST STE 887 NEWARK, DE 19711		6,585.
TOTAL INCLUDED ON LINE 3			228,961.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
PROGRAM FEES	4,208,243.
TOTAL TO FORM 199, PART II, LINE 7	4,208,243.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ADRIENNE HOGG 110 BROADWAY OAKLAND, CA 94607	CO-EXECUTIVE DIREC 50.00	0.
KYLE M CASTILLO 110 BROADWAY OAKLAND, CA 94607	CO-EXECUTIVE DIREC 50.00	0.
ISAAC WEISKOPF 110 BROADWAY OAKLAND, CA 94607	BOARD MEMBER 5.00	0.
KIM ANNO 55 WEST END AVE NEW YORK, NY 10023	BOARD MEMBER 5.00	0.
KAD SMITH 110 BROADWAY OAKLAND, CA 94607	BOARD MEMBER 5.00	0.
WILLIAM ROY 1638 DELAWARE STREET BERKELEY, CA 94703	BOARD MEMBER 5.00	0.
JEANNE BELL 120 ALMA STREET, C SAN FRANCISCO, CA 94117	SECRETARY 5.00	0.
TAILANI WILSON-CRAWFORD 110 BROADWAY OAKLAND, CA 94607	BOARD MEMBER 5.00	0.

COMMUNITY WORKS WEST, INC.

20-5278030

ERIN KERRISON
880 31ST STREET
RICHMOND, CA 94804-1328

BOARD MEMBER
5.00

0.

STEPHANIE OANA
6257 ACACIA AVE
OAKLAND, CA 94618

PRESIDENT
5.00

0.

ANTONETTE WEST
3466 SKYLINE DR
HAYWARD, CA 94542

BOARD MEMBER
5.00

0.

CAROLINE WATTS
720 27TH STREET
SAN FRANCISCO, CA 94131

BOARD MEMBER
5.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTION

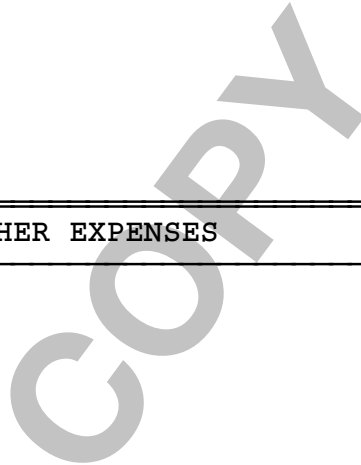
AMOUNT

OTHER DEDUCTION
PROGRAM EXPENSES
STAFF TRAINING
UTILITIES
COMPUTER EXPENSE
OTHER EMPLOYEE BENEFITS
MANAGEMENT FEES
OFFICE EXPENSES
TRAVEL
CONFERENCES AND CONVENTIONS
INSURANCE
ALL OTHER EXPENSES

0.
205,187.
48,069.
46,399.
39,135.
305,489.
449,233.
51,709.
26,701.
4,223.
28,548.
72,066.

TOTAL TO FORM 199, PART II, LINE 17

1,276,759.



CA 199	OTHER INVESTMENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITY DEPOSITS	7,100.	50,200.
INVESTMENTS	28,111.	27,100.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	35,211.	77,300.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	18,518.	30,034.
ERTC RECIEVABLE	1,393,002.	413,859.
RIGHT OF USE ASSET	0.	855,394.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,411,520.	1,299,287.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LEASE LIABILITY	0.	913,252.
DEFERRED REVENUE	436,701.	381,405.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	436,701.	1,294,657.

CA 199	FUND BALANCES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,485,956.	1,931,982.
NET ASSETS WITH DONOR RESTRICTIONS	851,333.	1,226,507.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,337,289.	3,158,489.

CA SCHEDULE L

DEPRECIABLE ASSETS

STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
OFFICE FURNITURE	2,044.	2,044.	0.
OFFICE EQUIPMENT	61,768.	61,768.	0.
TRANSPORTATION EQUIPMENT	25,662.	25,662.	0.
COMPUTERS	4,868.	4,868.	0.
PHONE SYSTEM	1,932.	1,932.	0.
PRINTER	7,331.	7,331.	0.
CAMERA	3,300.	3,300.	0.
COMPUTERS	1,420.	1,420.	0.
COMPUTERS	2,728.	2,728.	0.
OFFICE EQUIPMENT	-31,747.	0.	-31,747.
OFFICE FURNITURE	25,412.	25,412.	0.
PHONE SYSTEM	1,368.	1,368.	0.
PHONE SYSTEM	1,376.	1,373.	3.
COMPUTERS	2,076.	2,075.	1.
COMPUTERS	1,987.	1,985.	2.
OFFICE FURNITURE	1,673.	1,340.	333.
OFFICE FURNITURE	1,455.	1,116.	339.
OFFICE FURNITURE	808.	607.	201.
COMPUTERS	1,484.	1,089.	395.
OFFICE FURNITURE	917.	656.	261.
COMPUTERS	1,724.	1,092.	632.
OFFICE FURNITURE	379.	241.	138.
COMPUTERS	2,229.	1,115.	1,114.
COMPUTERS	2,238.	1,120.	1,118.
COMPUTERS	2,480.	1,157.	1,323.
OFFICE FURNITURE	492.	212.	280.
CLIENT DATABASE	65,254.	11,963.	53,291.
WORK IN PROGRESS	25,000.	0.	25,000.
TOTAL TO FORM 199, SCH L, LINE 10	217,658.	164,974.	52,684.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 20-5278030

Corporation name

California corporation number

COMMUNITY WORKS WEST, INC.

2851021

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	10	249,405.	146,774.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	18,200

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	18,200
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	18,200
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885

DEPRECIATION

STATEMENT 10

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 OFFICE FURNITURE	01/01/08	2,044.	2,044.	SL	5.00	0.	
2 OFFICE EQUIPMENT	01/01/08	61,768.	61,768.	SL	5.00	0.	
3 TRANSPORTATION EQUIPMENT	01/01/08	25,662.	25,662.	SL	5.00	0.	
4 COMPUTERS	04/06/10	4,868.	4,868.	SL	5.00	0.	
5 PHONE SYSTEM	03/20/12	1,932.	1,932.	SL	5.00	0.	
6 PRINTER	02/20/14	7,331.	7,331.	SL	5.00	0.	
7 CAMERA	08/02/13	3,300.	3,300.	SL	5.00	0.	
8 COMPUTERS	02/05/15	1,420.	1,420.	SL	5.00	0.	
9 COMPUTERS	05/01/15	2,728.	2,728.	SL	5.00	0.	
10 OFFICE EQUIPMENT	01/01/08	0.		SL	5.00	0.	
11 OFFICE FURNITURE	10/30/17	25,412.	23,711.	SL	5.00	1,701.	
12 PHONE SYSTEM	12/04/18	1,368.	1,096.	SL	5.00	272.	
13 PHONE SYSTEM	01/06/19	1,376.	1,098.	SL	5.00	275.	
16 COMPUTERS	02/25/19	2,076.	1,660.	SL	5.00	415.	
17 COMPUTERS	04/22/19	1,987.	1,588.	SL	5.00	397.	
18 OFFICE FURNITURE	07/14/19	1,673.	1,005.	SL	5.00	335.	
19 OFFICE FURNITURE	09/04/19	1,455.	825.	SL	5.00	291.	
20 OFFICE FURNITURE	10/08/19	808.	445.	SL	5.00	162.	
21 COMPUTERS	10/29/19	1,484.	792.	SL	5.00	297.	
22 OFFICE FURNITURE	11/29/19	917.	473.	SL	5.00	183.	
23 COMPUTERS	05/11/20	1,724.	747.	SL	5.00	345.	
24 OFFICE FURNITURE	05/11/20	379.	165.	SL	5.00	76.	
25 COMPUTERS	01/13/21	2,229.	669.	SL	5.00	446.	
26 COMPUTERS	01/14/21	2,238.	672.	SL	5.00	448.	
27 COMPUTERS	02/22/21	2,480.	661.	SL	5.00	496.	
28 OFFICE FURNITURE	05/12/21	492.	114.	SL	5.00	98.	
29 CLIENT DATABASE	07/31/22	65,254.		SL	5.00	11,963.	

COMMUNITY WORKS WEST, INC.

20-5278030

30 WORK IN PROGRESS

06/30/23

25,000.

.000

0.

TOTAL TO FORM 3885

249,405.

146,774.

18,200.

COPY

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING
JUNE 30, 2023

PREPARED FOR:

COMMUNITY WORKS WEST, INC.
110 BROADWAY
OAKLAND, CA 94607

PREPARED BY:

ARMANINO LLP
100 QUENTIN ROOSEVELT BLVD #516
GARDEN CITY, NY 11530

AMOUNT OF TAX:

BALANCE DUE OF \$200

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).

**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

<p>_____</p> <p>COMMUNITY WORKS WEST, INC.</p> <p>Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>110 BROADWAY</p> <p>Address (Number and Street)</p> <p>OAKLAND, CA 94607</p> <p>City or Town, State, and ZIP Code</p> <p>510-268-8116</p> <p>Telephone Number</p> <p>INFO@COMMUNITYWORKSWEST.ORG</p> <p>E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT0157459</p> <p>Corporation or Organization No. 2851021</p> <p>Federal Employer ID No. 20-5278030</p>
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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 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 4,449,873 Noncash Contributions \$ 0 Total Assets \$ 4,952,141
 Program Expenses \$ 3,788,577 Total Expenses \$ 4,628,673

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	
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.

ADRIENNE HOGG	CO-EXECUTIVE DIRECTOR		
Signature of Authorized Agent	Printed Name	Title	Date