

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)

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

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

2022

Open to Public Inspection

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 THE WEST MARIN FUND		D Employer identification number 27-4102086
	Doing business as		E Telephone number 415-663-9733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 1496		G Gross receipts \$ 2,578,567.
	City or town, state or province, country, and ZIP or foreign postal code POINT REYES STATION, CA 94956		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SARAH HOBSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. See instructions	
J Website: WWW.WESTMARINFUND.ORG		H(c) Group exemption number	
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: 2010	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO MAINTAIN AND ENHANCE THE CULTURAL, HEALTH, EDUCATIONAL, SOCIAL AND CIVIC RESOURCES OF WEST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	45
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b 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 1,931,271.	Current Year 2,181,062.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,143.	397,223.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178.	282.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,983,592.	2,578,567.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,679.
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)		364,978.	467,880.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		72,235.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		390,721.	361,372.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,756,378.	1,871,623.	
19 Revenue less expenses. Subtract line 18 from line 12	227,214.	706,944.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,157,531.	End of Year 4,878,779.
	21 Total liabilities (Part X, line 26)	90,268.	104,572.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,067,263.	4,774,207.

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		Date		
	SARAH HOBSON, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LANCE SMITH				P00696626
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	NOVOGRADAC & COMPANY LLP	94-3108253		(415) 223-6130	
	Firm's address				
	1435 N. MCDOWELL BLVD, SUITE 350 PETALUMA, CA 94954				

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

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. THE WEST MARIN FUND	Taxpayer identification number (TIN) 27-4102086
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. P.O. BOX 1496	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POINT REYES STATION , CA 94956	

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		

SARAH HOBSON

- The books are in the care of ▶ **P.O. BOX 1496 - POINT REYES STATION , CA 94956**

Telephone No. ▶ **415-663-9733** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO MAINTAIN AND ENHANCE THE CULTURAL, HEALTH, EDUCATIONAL, SOCIAL AND CIVIC RESOURCES OF WEST MARIN, A CALIFORNIA COMMUNITY, THROUGH SUPPORT OF OTHER NONPROFIT ORGANIZATIONS AND TO PROVIDE PHILANTHROPIC LEADERSHIP TO HELP CREATE AND PROMOTE EFFORTS AMONG CITIZENS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,711,488. including grants of \$ 1,042,371.) (Revenue \$) OVERVIEW IN FY 22-23 WEST MARIN FUND CONCENTRATED OUR PROGRAM SERVICES ON PEOPLE WHO LIVE, WORK AND VISIT IN WEST MARIN. WEST MARIN FUND PROVIDES GRANTS AND TRAINING FOR LOCAL NONPROFITS, AND CONVENES KEY STAKEHOLDERS TO HELP IDENTIFY AND FUND EQUITABLE SOLUTIONS TO CHALLENGES FACING PEOPLE WHO LIVE, WORK AND VISIT IN WEST MARIN. WE CONTINUED OUR SUPPORT FOR COMMUNITY SERVICES THAT INCLUDES FOOD PANTRIES, RENTAL ASSISTANCE, INTERNET ACCESS FOR DISADVANTAGED RURAL FAMILIES, SUMMER PROGRAMS FOR STUDENTS FROM LOW-INCOME HOUSEHOLDS, AND INCREASED ACCESS TO EARLY CHILDHOOD PROGRAMS FOR FAMILIES FACING ECONOMIC AND SOCIAL INSTABILITY. WE INCREASED OUR SUPPORT OF COLLABORATIVE EFFORTS TO ADVANCE EQUITABLE SOLUTIONS TO MAJOR CHALLENGES FACING THE REGION. WE COMPLETED A

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 1,711,488.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
SARAH HOBSON - 415-663-9733
P.O. BOX 1496, POINT REYES STATION, CA 94956

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) SARAH HOBSON EXECUTIVE DIRECTOR	40.00 0.00			X				141,708.	0.	0.
(2) ANN SHULMAN DIRECTOR	1.00	X						0.	0.	0.
(3) CATHERINE KING DIRECTOR	2.50	X						0.	0.	0.
(4) DAVID LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
(5) GARY IRELAND DIRECTOR	12.00	X						0.	0.	0.
(6) HARRIET MOSS CO-PRESIDENT	12.00	X						0.	0.	0.
(7) JOHN CASAUDOUMECQ TREASURER	3.00	X						0.	0.	0.
(8) MARCIA BARINAGA DIRECTOR	1.00	X						0.	0.	0.
(9) MARIA NIGGLE DIRECTOR	1.00	X						0.	0.	0.
(10) MIA ROCCA DIRECTOR	1.00	X						0.	0.	0.
(11) MILLICENT BOGERT CO-PRESIDENT	5.00	X						0.	0.	0.
(12) SUSAN BYRD SECRETARY	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							141,708.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							141,708.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(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	10,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,171,062.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 46,203.				
	h Total. Add lines 1a-1f		2,181,062.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		106,888.			106,888.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	290,335.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	290,335.				
	d Net gain or (loss)		290,335.			290,335.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	282.	282.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		282.				
12 Total revenue. See instructions		2,578,567.	282.	0.	397,223.		

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 X

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 ...	1,042,371.	1,042,371.		
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	141,707.	116,345.	9,265.	16,097.
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	275,099.	225,862.	17,987.	31,250.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,870.	14,472.	1,205.	2,193.
10 Payroll taxes	33,204.	27,261.	2,171.	3,772.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,651.		6,651.	
c Accounting	38,832.	6,491.	25,850.	6,491.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,123.	15,133.	990.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	194,092.	193,680.	412.	
12 Advertising and promotion				
13 Office expenses	49,049.	25,793.	19,915.	3,341.
14 Information technology	23,139.	19,427.	1,359.	2,353.
15 Royalties				
16 Occupancy	17,410.	14,799.	957.	1,654.
17 Travel	500.		500.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,419.	5,456.	353.	610.
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 FUNDRAISING EXPENSES	3,982.			3,982.
b TELEPHONE AND INTERNET	3,546.	3,014.	195.	337.
c DUES AND MEMBERSHIP	1,629.	1,384.	90.	155.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,871,623.	1,711,488.	87,900.	72,235.
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	188,604.	1	30,980.
	2 Savings and temporary cash investments	812,203.	2	1,102,016.
	3 Pledges and grants receivable, net	0.	3	100,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	549,601.	11	627,678.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,607,123.	15	3,018,105.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,157,531.	16	4,878,779.	
Liabilities	17 Accounts payable and accrued expenses	31,268.	17	65,084.
	18 Grants payable	59,000.	18	0.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	39,488.
	26 Total liabilities. Add lines 17 through 25	90,268.	26	104,572.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,937,679.	27	2,554,117.
	28 Net assets with donor restrictions	2,129,584.	28	2,220,090.
	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	4,067,263.	32	4,774,207.
33 Total liabilities and net assets/fund balances	4,157,531.	33	4,878,779.	

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	2,578,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,871,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	706,944.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,067,263.
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	4,774,207.

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		

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 THE WEST MARIN FUND	Employer identification number 27-4102086
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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.")	2128555.	2492009.	1124034.	1931271.	2175825.	9851694.
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	2128555.	2492009.	1124034.	1931271.	2175825.	9851694.
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)						3877439.
6 Public support. Subtract line 5 from line 4.						5974255.

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	2128555.	2492009.	1124034.	1931271.	2175825.	9851694.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,231.	43,210.	36,488.	37,706.	106,888.	266,523.
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						10118217.
12 Gross receipts from related activities, etc. (see instructions)					12	1,460.
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	59.04 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	64.97 %
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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			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.

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

THE WEST MARIN FUND

Employer identification number

27-4102086

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 THE WEST MARIN FUND	Employer identification number 27-4102086
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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	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 619,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 20,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 84,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WEST MARIN FUND	Employer identification number 27-4102086
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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	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WEST MARIN FUND	Employer identification number 27-4102086
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE WEST MARIN FUND	Employer identification number 27-4102086
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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 THE WEST MARIN FUND Employer identification number 27-4102086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and enforcement details (number of states, policy, staff hours, expenses, and reporting requirements).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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	77,585.	91,760.	87,582.	76,158.	65,807.
b Contributions					5,800.
c Net investment earnings, gains, and losses	9,033.	-13,328.	4,178.	11,424.	4,551.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	808.	847.			
g End of year balance	85,810.	77,585.	91,760.	87,582.	76,158.

- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

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) MARIN COMMUNITY FOUNDATION FUND	2,978,669.
(2) RIGHT OF USE ASSET - LEASES	39,436.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,018,105.

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) RIGHT OF USE LIABILITIES - LEASES	39,488.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	39,488.

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	2,562,444.
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	-16,123.	
e	Add lines 2a through 2d	2e		-16,123.
3	Subtract line 2e from line 1		3	2,578,567.
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	2,578,567.

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	1,855,500.
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	-16,123.	
e	Add lines 2a through 2d	2e		-16,123.
3	Subtract line 2e from line 1		3	1,871,623.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,871,623.

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:

THE PREPARATION OF FINANCIAL STATEMENTS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE CORPORATIONORGANIZATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE CORPORATIONORGANIZATION. THE CORPORATIONORGANIZATION HAS DETERMINED WHETHER ANY TAX POSITIONS HAVE MET THE RECOGNITION THRESHOLD AND HAS MEASURED THE CORPORATIONORGANIZATION'S EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE CORPORATIONORGANIZATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO UNRECORDED TAX LIABILITIES. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE AND AUDIT THE PREVIOUS THREE YEARS AND FOUR YEARS, RESPECTIVELY, OF TAX RETURNS FILED.

Part XIII Supplemental Information (continued)

ANY INTEREST OR PENALTIES ASSESSED TO THE CORPORATION OR ORGANIZATION ARE RECORDED IN OPERATING EXPENSES. NO INTEREST OR PENALTIES FROM FEDERAL OR STATE TAX AUTHORITIES WERE RECORDED IN THE ACCOMPANYING THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL SERVICES FEES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FINANCIAL SERVICES FEES

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE WEST MARIN FUND** Employer identification number **27-4102086**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
10,000 DEGREES 1650 LOS GAMOS DRIVE, SUITE 110 SAN RAFAEL, CA 94903	95-3667812		57,500.	0.			GRANT ID # 3211: TO SUPPORT THE ORGANIZATION'S WEST MARIN PROGRAMS. GRANT ID# 3508:
AUDUBON CANYON RANCH 4900 SHORELINE HWY 1 STINSON BEACH, CA 94970	94-6069140		7,500.	0.			GRANT ID # 3511: VOLUNTEER CANYON UPGRADE: SUPPORTING INCLUSIVE, ACCESSIBLE NATURE
BACH'S DAUGHTER PO BOX 836 BOLINAS, CA 94924	23-7117192		6,000.	0.			GRANT ID# 3534: SHARING THE LIGHT
BOLINAS COMMUNITY LAND TRUST PO BOX 805 BOLINAS, CA 94924	68-0007197		18,500.	0.			GRANT ID# 3575: RECOGNIZING THE MENTAL HEALTH IMPACTS OF COVID-19 FOR INDIVIDUALS
BOLINAS STINSON SUMMER CAMP PO BOX 1034 BOLINAS, CA 94924	23-7117192		7,500.	0.			GRANT ID# 3513: ADDRESSING THE CHALLENGES OF A DIVERSE COMMUNITY
BOLINAS STINSON YOUNG STEWARDS OF THE LAND - PO BOX 628 - BOLINAS, CA 94924	91-1849370		7,500.	0.			GRANT ID# 3514: BOLINAS STINSON YOUNG STEWARDS AND EARTH ALLIES

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA COUNCIL ON SCIENCE AND TECHNOLOGY - 1017 L ST. #438 - SACRAMENTO, CA 95814	94-3093624		10,000.	0.			GRANT ID# 3151: GENERAL SUPPORT
COMMUNITY LAND TRUST ASSOCIATION OF WEST MARIN - PO BOX 273 - POINT REYES STATION, CA 94956	94-3381744		37,500.	0.			GRANT ID# 3112: IN HONOR OF THE WOMEN WHO HAVE HELD CLAM CLOSE TO THEIR HEARTS FOR SO MANY YEARS:
DANCE PALACE COMMUNITY CENTER PO BOX 217 POINT REYES STATION, CA 94956	94-2460193		7,500.	0.			GRANT ID# 3516 SUPPORTING SENIOR WELLNESS THROUGH THE CHALLENGES OF COVID
ENVIRONMENTAL ACTION COMMITTEE OF WEST MARIN - PO BOX 609 - POINT REYES STATION, CA 94956	23-7115368		7,500.	0.			GRANT ID# 3517: CLIMATE DISRUPTION: COMMUNITY EDUCATION
EXTRAFOD.ORG 907 SIR FRANCIS DRAKE BLVD KENTFIELD, CA 94904	46-4025887		96,000.	0.			GRANT ID# 3155: GENERAL SUPPORT; GRANT ID# 3518: EXPANDING WEST MARINS FOOD SAFETY NET BY
GALLERY ROUTE ONE PO BOX 937 POINT REYES STATION, CA 94956	68-0068115		12,500.	0.			GRANT ID# 3180: PROGRAM EVALUATION AND LEARNING; GRANT ID# 3519: ADDRESSING COMMUNITY
GREATER FARALLONES ASSOCIATION PO BOX 29386 SAN FRANCISCO, CA 94129	94-3227237		7,473.	0.			GRANT ID# 3520: BRINGING THE OCEAN TO WEST MARIN STUDENTS
HALLECK CREEK RANCH PO BOX 159 NICASIO, CA 94946	94-2581062		7,500.	0.			GRANT ID# 3521: ASSESSING COMMUNITY CHALLENGES AND NEEDS: STRATEGIC PLANNING FOR THE FUTURE
HUUKUIKO, INC PO BOX 34 BRISBANE, CA 94005	92-0748316		160,000.	0.			GRANT ID# 3706: PURCHASE OF LAND IN NICASIO, CA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATIVE HEALTH SOLUTIONS PO BOX 183 BENICIA, CA 94510	45-3957719		10,000.	0.			GRANT ID# 3343: WEST MARIN FOOD SYSTEMS STRATEGIC PLAN AND SCHOOL WELLNESS
KITCHEN TABLE ADVISORS 548 MARKET STREET PMB 81178 SAN FRANCISCO, CA 94104	91-2166435		10,000.	0.			GRANT ID# 3149: GENERAL SUPPORT FOR KITCHEN TABLE ADVISORS
KWMMR PO BOX 1262 POINT REYES STATION, CA 94956	68-0393101		11,000.	0.			GRANT ID# 3522: COMMUNITY ADVISORY BOARD; GRANT ID# 3376: GENERAL SUPPORT; GRANT ID# 3181: PROGRAM
MARIN AGRICULTURAL LAND TRUST (MALT) - PO BOX 809 - POINT REYES STATION, CA 94956	94-2689383		51,000.	0.			GRANT ID# 3674: GIVING THROUGH YOUTH 2023; GRANT ID# 3148: GENERAL SUPPORT
MARIN PROMISE PARTNERSHIP 101 LUCAS VALLEY ROAD #360 SAN RAFAEL, CA 94903	84-4138362		100,000.	0.			GRANT ID# 3277: MARIN PROMISE PARTNERSHIP GRANT DISTRIBUTION
NATURA INSTITUTE FOR ECOLOGY AND MEDICINE AT COMMONWEAL GARDEN - PO BOX 316 - BOLINAS, CA 94924	94-2366094		6,500.	0.			GRANT ID# 3528: DEVELOPING A HEALING GARDEN FOR OUR SPANISH SPEAKING COMMUNITY
PAPERMILL CREEK CHILDREN'S CORNER PO BOX 996 POINT REYES STATION, CA 94956	94-2229334		23,000.	0.			GRANT ID# 3079: OUTDOOR CLASSROOM REFRESH; GRANT ID# 3640: GIVING THROUGH YOUTH 2023; GRANT ID#
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE #11 PETALUMA, CA 94954	94-1594250		50,000.	0.			GRANT ID# 3145: GENERAL SUPPORT
POINT REYES VILLAGE ASSOCIATION PO BOX 382 POINT REYES STATION, CA 94956	94-3381744		7,000.	0.			GRANT ID# 3529: POINT REYES STATION 2050

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRNSA-POINT REYES NATIONAL SEASHORE ASSOCIATION - 1 BEAR VALLEY ROAD BLDG 70 - POINT REYES STATION, CA 94956	94-2228894		108,500.	0.			GRANT ID# 3115: PETER BEHR CIRCLE MEMBERSHIP; GRANT ID# 3523: WEST MARIN YOUTH IN PARKS;
RIVER OTTER ECOLOGY PROJECT PO BOX 103 FOREST KNOLLS, CA 94933	45-4997526		9,500.	0.			GRANT ID# 3574: GIVING THROUGH YOUTH 2023; GRANT ID# 3524: TOMALES HIGH SCHOOL ENVIRONMENTAL
SAN GERONIMO VALLEY AFFORDABLE HOUSING ASSOCIATION - P.O. BOX 152 - WOODACRE, CA 94973	68-0004389		7,500.	0.			GRANT ID# 3525: TWO VALLEYS COMMUNITY LAND TRUST INFRASTRUCTURE AND COMMUNITY OUTREACH
SHORELINE UNIFIED SCHOOL DISTRICT 10 JOHN STREET TOMALES, CA 94971	68-0194632		10,000.	0.			GRANT ID# 3607: SUSD 2023 SUMMER PROGRAM
THE MESA REFUGE PO BOX 1389 POINT REYES STATION, CA 94956	46-2740651		15,500.	0.			GRANT ID# 3526: MAKING ACCESSIBILITY AND SAFETY IMPROVEMENTS AT THE MESA REFUGE; GRANT ID# 3182:
THE NEW SCHOOL AT COMMONWEAL PO BOX 316 BOLINAS, CA 94924	94-2366094		7,500.	0.			GRANT ID# 3527: RACIAL AND EARTH HEALING THROUGH AN INDIGENOUS LENS: CONVERSATION SERIES
WEST MARIN COMMUNITY SERVICES PO BOX 1093 POINT REYES STATION, CA 94956	68-0197586		51,398.	0.			GRANT ID# 3047: ANNUAL DISTRIBUTION TO WEST MARIN COMMUNITY SERVICES (\$30,398.26 TOTAL,
WEST MARIN SCHOLARSHIP PROGRAM PO BOX 724 INVERNESS, CA 94937	94-6088058		51,000.	0.			GRANT ID# 3244: GENERAL SUPPORT; GRANT ID# 3675: GIVING THROUGH YOUTH 2023
WEST MARIN SENIOR SERVICES PO BOX 791 POINT REYES STATION, CA 94956	51-0192320		7,500.	0.			GRANT ID# 3510: THE CHALLENGE OF DELIVERING EDUCATIONAL PROGRAMS FOR SENIORS, FAMILIES, &

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST MARIN-INVERNESS SCHOOL COMMUNITY PTSA - PO BOX 300 - POINT REYES STATION, CA 94956	20-1591188		7,500.	0.			GRANT ID# 3530: YOGA FOR WEST MARIN-INVERNESS SCHOOL CHILDREN

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 10,000 DEGREES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID # 3211: TO SUPPORT THE ORGANIZATION'S WEST MARIN PROGRAMS. GRANT ID# 3508: 10,000 DEGREES COLLEGE ACCESS PROGRAMMING IN WEST MARIN

NAME OF ORGANIZATION OR GOVERNMENT: AUDUBON CANYON RANCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID # 3511: VOLUNTEER CANYON UPGRADE: SUPPORTING INCLUSIVE, ACCESSIBLE NATURE EXPERIENCES ON BOLINAS

Part IV Supplemental Information

LAGOON

NAME OF ORGANIZATION OR GOVERNMENT: BOLINAS COMMUNITY LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3575: RECOGNIZING THE MENTAL HEALTH IMPACTS OF COVID-19 FOR INDIVIDUALS AND ORGANIZATIONS; GRANT ID# 3673: GIVING THROUGH YOUTH 2023; GRANT ID# 3533: A STRATEGIC RESPONSE TO CHALLENGES IN BOLINAS

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY LAND TRUST ASSOCIATION OF WEST MARIN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3112: IN HONOR OF THE WOMEN WHO HAVE HELD CLAM CLOSE TO THEIR HEARTS FOR SO MANY YEARS: MYN ADESS , SUSAN SCOTT, SUSAN BRAYTON, AND MAUREEN CORNELIA; GRANT ID# 3179: PROGRAM EVALUATION AND LEARNING; GRANT ID# 3515: INCREASING LATINX EQUITY AND LANGUAGE JUSTICE IN CLAM

NAME OF ORGANIZATION OR GOVERNMENT: EXTRAFOOD.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3155: GENERAL SUPPORT; GRANT ID# 3518: EXPANDING WEST MARINS FOOD SAFETY NET BY GROWING OUR COMMUNITY COALITION

NAME OF ORGANIZATION OR GOVERNMENT: GALLERY ROUTE ONE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3180: PROGRAM EVALUATION AND LEARNING; GRANT ID# 3519: ADDRESSING COMMUNITY CHALLENGES THROUGH ART

NAME OF ORGANIZATION OR GOVERNMENT: KWMR

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3522: COMMUNITY ADVISORY BOARD; GRANT ID# 3376: GENERAL SUPPORT; GRANT ID# 3181: PROGRAM

Part IV Supplemental Information

EVALUATION AND LEARNING

NAME OF ORGANIZATION OR GOVERNMENT: PAPERMILL CREEK CHILDREN'S CORNER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3079: OUTDOOR CLASSROOM

REFRESH; GRANT ID# 3640: GIVING THROUGH YOUTH 2023; GRANT ID# 3512: MUSIC

LEARNING TO SUPPORT ALL LEARNING

NAME OF ORGANIZATION OR GOVERNMENT:

PRNSA-POINT REYES NATIONAL SEASHORE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3115: PETER BEHR CIRCLE

MEMBERSHIP; GRANT ID# 3523: WEST MARIN YOUTH IN PARKS; GRANT ID# 3310:

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OTTER ECOLOGY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3574: GIVING THROUGH YOUTH

2023; GRANT ID# 3524: TOMALES HIGH SCHOOL ENVIRONMENTAL EDUCATION

2023-24, NEEDS AND FEASIBILITY STUDY PROGRAM CHANGE

NAME OF ORGANIZATION OR GOVERNMENT:

SAN GERONIMO VALLEY AFFORDABLE HOUSING ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3525: TWO VALLEYS

COMMUNITY LAND TRUST INFRASTRUCTURE AND COMMUNITY OUTREACH PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: THE MESA REFUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3526: MAKING ACCESSIBILITY

AND SAFETY IMPROVEMENTS AT THE MESA REFUGE; GRANT ID# 3182: PROGRAM

EVALUATION AND LEARNING; GRANT ID# 3113: GENERAL SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WEST MARIN COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3047: ANNUAL DISTRIBUTION TO WEST MARIN COMMUNITY SERVICES (\$30,398.26 TOTAL, \$28,115.20 FROM FUTURE FUND AND \$2,283.06 FROM FUTURE FUND RESERVE); GRANT ID# 3409: ROMO ZUNIGA FAMILY BEREAVEMENT FUND; GRANT ID# 3532: WMCS STRATEGIC PLANNING: PREPARING FOR FUTURE CHALLENGES; GRANT ID# 3642: GIVING THROUGH YOUTH 2023; GRANT ID# 3475: IMPROVEMENTS TO TOMALES BAY YOUTH CENTER, INCLUDING MURAL PAINTING BY THE STUDENTS; GRANT ID# 3114: GENERAL SUPPORT; GRANT ID# 3046: ANNUAL DISTRIBUTION TO WEST MARIN COMMUNITY SERVICES (\$30,398.26 TOTAL, \$28,115.20 FROM FUTURE FUND AND \$2,283.06 FROM FUTURE FUND RESERVE)

NAME OF ORGANIZATION OR GOVERNMENT: WEST MARIN SENIOR SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT ID# 3510: THE CHALLENGE OF DELIVERING EDUCATIONAL PROGRAMS FOR SENIORS, FAMILIES, & CAREGIVERS IN WEST MARIN

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE WEST MARIN FUND** Employer identification number **27-4102086**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	46,203.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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

THE WEST MARIN FUND

Employer identification number

27-4102086

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

MARIN, A CALIFORNIA COMMUNITY, THROUGH SUPPORT OF OTHER NONPROFIT
ORGANIZATIONS AND TO PROVIDE PHILANTHROPIC LEADERSHIP TO HELP CREATE
AND PROMOTE EFFORTS AMONG CITIZENS TO MAINTAIN AND IMPROVE THE QUALITY
OF LIFE IN THAT COMMUNITY.

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

MAINTAIN AND IMPROVE THE QUALITY OF LIFE IN THAT COMMUNITY.

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

CONSULTATIVE STRATEGIC PLANNING PROCESS IN THE COMMUNITY TO DEFINE A
10-YEAR VISION AND STRATEGIC DIRECTION SUPPORTED BY 3-YEAR GOALS AND
IMPLEMENTATION PLAN. WE COMPLETED OUR FOURTH AUDIT WITH A CLEAN BILL OF
HEALTH.

PROGRAM SERVICE ACCOMPLISHMENTS:

PARTNERING WITH DONORS, NONPROFITS AND COMMUNITY MEMBERS, WE AWARDED
MORE THAN \$1 MILLION IN GRANTS SUPPORTING QUALITY PRESCHOOL FOR ALL
WITH A FOCUS ON FAMILIES IN DISADVANTAGED HOUSEHOLDS, COMMUNITY BASED
ORGANIZATIONS PROVIDING ESSENTIAL SERVICES, COMMUNITY BASED
ORGANIZATIONS PROVIDING ESSENTIAL SERVICES, YOUTH PROGRAMS AND THE
ADVANCEMENT OF EQUITY AND RACIAL JUSTICE IN WEST MARIN.

STRENGTHENING WEST MARIN NONPROFITS:

Name of the organization

THE WEST MARIN FUND

Employer identification number

27-4102086

WE REGULARLY CONVENED THE WEST MARIN

NONPROFIT EXECUTIVE DIRECTOR GROUP AND PROVIDED THEM WITH INFORMATION,

TRAINING AND TECHNICAL SUPPORT SO THEY COULD EFFECTIVELY RESPOND TO

OPPORTUNITIES AND CHALLENGES. WE ALSO ORGANIZED WELL-ATTENDED FREE

ONLINE WEBINARS AND WORKSHOPS FOR THE LOCAL NONPROFIT COMMUNITY.

REGIONAL COLLABORATION:

THROUGH FUNDING, CONVENING, AND EDUCATIONAL

ACTIVITIES, WE PLAYED A KEY ROLE IN THE WEST MARIN COALITION FOR EQUITY

AND JUSTICE, THE COMMITTEE FOR HOUSING FOR AGRICULTURAL WORKERS IN WEST

MARIN, AND THE ANNUAL WEST MARIN NONPROFIT SURVEY, THE RESULTS OF WHICH

WERE PRESENTED TO THE NONPROFIT SECTOR AND FUNDERS, INCLUDING THE

COUNTY OF MARIN AND MARIN COMMUNITY FOUNDATION.

STRATEGIC PLANNING:

WEST MARIN FUND CARRIED OUT A STRATEGIC PLANNING PROCESS TO ENVISION

ITS NEXT DECADE AND PRODUCE A 3-YEAR STRATEGIC PLAN. NEARLY 200 PEOPLE

WERE INVITED TO PARTICIPATE AND

CONTRIBUTE TO THIS PROCESS. ULTIMATELY, OVER 100 STAKEHOLDERS TOOK PART

IN NINE FOCUS GROUPS, INCLUDING NONPROFIT LEADERS, SERVICE PROVIDERS,

BUSINESS OWNERS, TRIBAL LEADERS, FARMERS, FOUNDATION, COUNTY AND PARK

STAFF, YOUTH, AND WEST MARIN FUND ADVISORY COUNCIL MEMBERS. 21 DONORS

WERE ALSO INDIVIDUALLY INTERVIEWED.

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

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS APPROVES THE FORM 990 PRIOR

Name of the organization THE WEST MARIN FUND	Employer identification number 27-4102086
---	--

TO FILING.

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

ALL BOARD MEMBERS ARE REQUIRED ANNUALLY TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM. SOME WEST MARIN BOARD MEMBERS ARE ALSO BOARD MEMBERS OR ADVISORS FOR OTHER NONPROFITS THAT SOMETIMES RECEIVE GRANTS FROM WEST MARIN FUND. WEST MARIN FUND BOARD MEMBERS RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTING ON ANY GRANT BEING RECOMMENDED TO THE ORGANIZATION OF WHICH THEY ARE BOARD MEMBER OR ADVISOR.

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

THE GOVERNING BODY REVIEWED THE RESULTS OF THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION, DISCUSSED THE LEVEL OF COMPENSATION AND DOCUMENTED THE DECISION.

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

ALL DOCUMENTS, FINANCIAL STATEMENTS, AND TAX RETURNS REQUIRED TO BE MADE PUBLIC ARE AVAILABLE ON GUIDESTAR.ORG AND PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	193,680.
MANAGEMENT AND GENERAL EXPENSES	412.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	194,092.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	194,092.

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 THE WEST MARIN FUND		California corporation number 3303164	
Additional information. See instructions.		FEIN 27-4102086	
Street address (suite or room) P.O. BOX 1496		PMB no.	
City POINT REYES STATION		State CA	ZIP code 94956
Foreign country name		Foreign province/state/county	
Foreign country name		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>
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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	397,505	00	
	2	Gross dues and assessments from members and affiliates	2		00	
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,181,062	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	2,578,567	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	2,578,567	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,871,623	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	706,944	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.					
	Signature of officer	Title EXECUTIVE DIRE	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00696626		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN 94-3108253		
	Firm's name (or yours, if self-employed) and address	NOVOGRADAC & COMPANY LLP			<input checked="" type="checkbox"/> Telephone (415) 223-6130	
	1435 N. MCDOWELL BLVD, SUITE 350			PETALUMA, CA 94954		
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.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	106,888	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	290,335	00	
	7	Other income SEE STATEMENT 3	•	7	282	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	397,505	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,042,371	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	141,707	00	
	12	Other salaries and wages	•	12	275,099	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	33,204	00
		15	Rents	•	15	17,410	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	361,832	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,871,623	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,000,807		1,132,996
2 Net accounts receivable				
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 6		549,601		627,678
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				
12 Other assets STMT 7		2,607,123		3,118,105
13 Total assets		4,157,531		4,878,779
Liabilities and net worth				
14 Accounts payable		31,268		65,084
15 Contributions, gifts, or grants payable		59,000		
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8				39,488
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		4,067,263		4,774,207
22 Total liabilities and net worth		4,157,531		4,878,779

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	•	706,944	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		706,944	
			706,944

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
TOM AND TAMIA ANDERSON	P.O. BOX 1119 POINT REYES STATION , CA 94956	06/20/23	50,000.
MARCIA BARINAGA & COREY GOODMAN	P.O. BOX 803 MARSHALL, CA 94940	12/30/22	619,672.
MILLICENT BOGERT	P.O. BOX 824 MARSHALL, CA 94940	12/13/22	20,079.
MILLICENT BOGERT AND SCOTT MACDONALD	P.O. BOX 824 MARSHALL, CA 94940	05/10/23	10,077.
BUCK FAMILY FUND OF MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING, SUITE 200 NAVATO, CA 94949	07/11/22	84,000.
KALLIOPEIA FOUNDATION	P.O. BOX 246 INVERNESS, CA 94937	04/10/23	100,000.
NANCY BERTELSEN FAMILY CHARITABLE FUND	P.O. BOX 304 INVERNESS, CA 94937	01/04/23	125,000.
TONI REMBE	2550 BROADWAY SAN FRANCISCO , CA 94115	10/06/22	50,000.
MARION WEBER	P.O. BOX 1133 STINSON BEACH, CA 94970	01/07/23	550,000.
TOTAL INCLUDED ON LINE 3			1,608,828.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	290,335.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	290,335.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
OTHER INCOME	282.
TOTAL TO FORM 199, PART II, LINE 7	282.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SARAH HOBSON P.O. BOX 1496 POINT REYES STATION , CA 94956	EXECUTIVE DIRECTOR 40.00	0.
ANN SHULMAN P.O. BOX 1496 POINT REYES STATION , CA 94956	DIRECTOR 1.00	0.
CATHERINE KING P.O. BOX 1496 POINT REYES STATION , CA 94956	DIRECTOR 2.50	0.
DAVID LAWRENCE P.O. BOX 1496 POINT REYES STATION , CA 94956	DIRECTOR 1.00	0.
GARY IRELAND P.O. BOX 1496 POINT REYES STATION , CA 94956	DIRECTOR 12.00	0.

THE WEST MARIN FUND

27-4102086

HARRIET MOSS
P.O. BOX 1496
POINT REYES STATION , CA 94956

CO-PRESIDENT
12.00

0.

JOHN CASAUDOUMECQ
P.O. BOX 1496
POINT REYES STATION , CA 94956

TREASURER
3.00

0.

MARCIA BARINAGA
P.O. BOX 1496
POINT REYES STATION , CA 94956

DIRECTOR
1.00

0.

MARIA NIGGLE
P.O. BOX 1496
POINT REYES STATION , CA 94956

DIRECTOR
1.00

0.

MIA ROCCA
P.O. BOX 1496
POINT REYES STATION , CA 94956

DIRECTOR
1.00

0.

MILLICENT BOGERT
P.O. BOX 1496
POINT REYES STATION , CA 94956

CO-PRESIDENT
5.00

0.

SUSAN BYRD
P.O. BOX 1496
POINT REYES STATION , CA 94956

SECRETARY
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
FUNDRAISING EXPENSES		3,982.
TELEPHONE AND INTERNET		3,546.
DUES AND MEMBERSHIP		1,629.
OTHER EMPLOYEE BENEFITS		17,870.
LEGAL FEES		6,651.
ACCOUNTING FEES		38,832.
INVESTMENT MANAGEMENT FEES		16,123.
OTHER PROFESSIONAL FEES		194,092.
OFFICE EXPENSES		49,049.
INFORMATION TECHNOLOGY		23,139.
TRAVEL		500.
INSURANCE		6,419.
TOTAL TO FORM 199, PART II, LINE 17		361,832.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	549,601.	627,678.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	549,601.	627,678.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	0.	100,000.
MARIN COMMUNITY FOUNDATION FUND	2,607,123.	2,978,669.
RIGHT OF USE ASSET - LEASES	0.	39,436.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,607,123.	3,118,105.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
RIGHT OF USE LIABILITIES - LEASES	0.	39,488.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	39,488.

CA 199

FUND BALANCES

STATEMENT 9

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,937,679.	2,554,117.
NET ASSETS WITH DONOR RESTRICTIONS	2,129,584.	2,220,090.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	4,067,263.	4,774,207.