Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2015 calendar year, or tax year beginning 2015, and ending October 1 September 30 20 16 D Employer identification number Check if applicable: C Name of organization Sierra Service Project Address change Doing business as 68-0222320 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 916-488-6441 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 1.088.870 Amended return Sacramento, CA 95813 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes Vo Mark Cordes H(b) Are all subordinates included? Yes No Address is same as above. If "No," attach a list. (see instructions) ✓ 501(c)(3)) < (insert no.) 4947(a)(1) or Tax-exempt status: H(c) Group exemption number www.sierraserviceproject.org Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: CA Summary Briefly describe the organization's mission or most significant activities: Building faith and strengthening communities Activities & Governance through service to others. Check this box ▶☐ 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) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 69 6 2,200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) . . . 345,244 301,428 Revenue 9 Program service revenue (Part VIII, line 2g) 782,803 735,783 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 10 4,811 7,843 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,089,042 1,088,870 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 510,038 558,461 15 Professional fundraising fees (Part IX, column (A), line 11e) 7,550 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,068 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 602,496 513,594 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,079,605 18 1,112,534 Revenue less expenses. Subtract line 18 from line 12 19 9,265 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 328,499 303,808 21 62,245 Total liabilities (Part X, line 26) . 50,944 Net A 22 Net assets or fund balances. Subtract line 21 from line 20 252,864 266,254 Signature Block Part II 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 Type or print name and title	on Executiv	e Director	Date 131	2017				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN				
Preparer Use Only									
ouc omy	Firm's address ▶ Phone no.								
May the IRS	discuss this return with the pr	eparer shown above? (see instruction	ons)		. Yes No				

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Building faith and strengthening communities through service to others.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
	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 \$419,394 including grants of \$) (Revenue \$657,325)
	Summer Program:
	The summer program provided week-long voluntary community service opportunities for 1,755 young people and their adult leaders.
	These service-learning experiences took place in six different communities throughout the Western United States. Volunteers
	completed 86 significant home repair projects, including wheelchair ramps, new roofs, and other types of repairs which improve the
	safety and livability of homes. In addition to home repairs, volunteers worked with 19 nonprofit partners. The summer program also
	employed 44 staff persons for the summer.
4b	(Code:) (Expenses \$ 34,048 including grants of \$) (Revenue \$ 44,362)
	Weekends of Service and Alternative Breaks:
	SSP's Weekend of Service and Alternative Break sessions took place in three different locations during the school year. Youth served
	in South Los Angeles, CA; Sacramento, CA; and Portland, OR. Almost 200 youth and their adult leaders participated in the weekend
	sessions. Over 50 youth and young adults from four different groups participated in an Alternative Break session.
4c	(Code:) (Expenses \$
	Rancho Cordova:
	Our newest program is a partnership with the City of Rancho Cordova, and we are running a volunteer home beautification program.
	Volunteers from church groups, businesses, civic groups and schools have cleaned up yards, built fences and painted homes.
	Common to all programs is the invitation to our volunteers to experience the profound power of serving people who have a culture
	and life experience different from their own. We had 200 volunteers serve through this program.
4d	Other program services (Describe in Schedule O.)
. 4 4	(Expenses \$ 403,489 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 880,294

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)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Ť	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			١,
	Part III	5		✓
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ľ		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
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			١,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓	
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? If "Yes," complete Schedule D, Part VII	440		,
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		✓
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		<u> </u>
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	Ė
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Ė	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>		Ť
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		1
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? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		-
·	to defease any tax-exempt bonds?	24c		1
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		·
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		,
		25a		✓
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?			1
	If "Yes," complete Schedule L, Part I	25b		'
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١,
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		-
	Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		•
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
29 30	Did the organization receive more than \$25,000 in hon-cash contributions? If res, complete schedule in	29		· ·
30	conservation contributions? If "Yes," complete Schedule M	20		/
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		✓
31	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		V
32	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		V
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		V
34	or IV, and Part V, line 1	24		,
250		34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? If "Yes," complete Schedule R, Part V, line 2	0.51		
26		35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	00		,
0=		36		√
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? If "Yes," complete Schedule R,			1
20	Part VI	37		-
38	19? Note. All Form 990 filers are required to complete Schedule O.	20	,	
	10: Hotel All Form 300 mors are required to complete conedule o.	38	V .	l .

Part				
	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		100	110
ь	Enter the number of Forms W-2G included in 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?	1c	5 = 3	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	I	1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	2 = 1	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	=	=
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1,5	-	1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	gifts were not tax deductible?	6b	. 1	100
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
- 3	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tanglble personal property for which it was required to file Form 8282?	7c	16	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11	-	
-76	sponsoring organization have excess business holdings at any time during the year?	8	_	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Ves." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	-	

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction Check if Schedule O contains a response or note to any line in this Part VI					
Secti	on 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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18					
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?	2		1		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1		
6	Did the organization have members or stockholders?	6		1		
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?	7a		1		
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?	8a	/			
ь	Each committee with authority to act on behalf of the governing body?	8b	1			
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 in Schedule O.	9		1		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ue Co	-	_		
Vá.	Carest Port and Carest Control of the Control of th		Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates? 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?	10a 10b		1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1			
b	Describe in 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	12a	1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	/			
13	Did the organization have a written whistleblower policy?	13		1		
14	Did the organization have a written document retention and destruction policy?	14	1			
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?					
а	The organization's CEO, Executive Director, or top management official	15a	1			
b	Other officers or key employees of the organization	15b	1			
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?	16a		1		
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	100		Ì		
	organization's exempt status with respect to such arrangements?	16b		-		
Secti	on C. Disclosure	-156				
17	List the states with which a copy of this Form 990 is required to be filed ► AZ, CA, OR, and WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)		
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest i	policy	, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	•			

Jacob Bailey, Sierra Service Project, 1516 Del Paso Blvd, Sacramento, CA 95815, 916-488-6441

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

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Larry Butler								1 = 1		
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(2) Duane Buys									1	
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(3) Mark Cordes		17		14		-				
PO Box 13009, Sacramento, CA 95813	1 hr	1		1				0	0	0
(4) Kimberly Furnari										
PO Box 13009, Sacramento, CA 95813	1 hr	1		1				0	0	0
(5) Matt Gorman										
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(6) Evan Howington		1	11							
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(7) Rachel Mellby		501		15						
PO Box 13009, Sacramento, CA 95813	1 hr	1		1	1			0	0	0
(8) Dana Miller				I						
PO Box 13009, Sacramento, CA 95813	1 hr	1		1				0	- 0	- 0
(9) Randy Orr										
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(10) Royce Porter		. 4								
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0
(11) Kathryn Platnick		131								
PO Box 13009, Sacramento, CA 95813	1 hr	1				1		0	0	0
(12) Chuck Schaller					11	177				
PO Box 13009, Sacramento, CA 95813	1 hr	1		-				0	0	0
(13) Franklyn Shen		1						1		
PO Box 13009, Sacramento, CA 95813	1 hr	1			L.			0	0	0
(14) Laura Steed		5.71								
PO Box 13009, Sacramento, CA 95813	1 hr	1						0	0	0

Part	VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (contin	ued)			
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos leck is pe	rson	than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	composition from organization and	ensation the nization related	n d	
(15) D	aniel Ross-Jones				H									
And with the	x 13009, Sacramento, CA 95813	1 hr	1						0	0			- (
	evegar Kim		,				m						111.0	
	x 13009, Sacramento, CA 95813	1 hr	1						0	0			(
	nily Pall	1	1							0				
A 10 10 20	x 13009, Sacramento, CA 95813 anger Woodland	1 hr	•						0	0			-	
	x 13009, Sacramento, CA 95813	1 hr	1						0	0				
	ck Eaton, Executive Director				Н									
	x 13009, Sacramento, CA 95813	1 hr			1				80,625	0			17,021	
(20)														
(21)														
(22)										,				
(23)					F									
(24)														
(25)									1					
1b	Sub-total	7 V7 V W		-	۳			•	80,625	0			17,021	
c	Total from continuation sheets to Pa	art VII, Sectio						*	80,625	0			17,021	
2	Total number of individuals (including reportable compensation from the org.	but not limited			list	ted :	above	e) w		ore than \$100,00	0 of			
3	Did the organization list any former											Yes	No	
120	employee on line 1a? If "Yes," complete										3		1	
4	For any individual listed on line 1a, is organization and related organization													
	individual										4		1	
5	Did any person listed on line 1a receiv for services rendered to the organization	e or accrue co	mpe	nsat	tion	from	n any	un	related organiz	ation or individua			1	
Secti	on B. Independent Contractors		er are	275	-						1 0			
1	Complete this table for your five higher compensation from the organization. Fixed year.												tax	
	(A) Name and business	address					- 1		(B) Description of s	ervices	(C) Compens	ation		
_	Tabel something of the least state of	C1			110	13 14	- 4 4	- 41	and Bathal de	a calvantes				
2	Total number of independent contra-		~					יו נ	iose listed abt	ove) who				

Form 99	- History								Page
Part	VIII	Statement of Reve		ra office	in come a la france	and the same of the same of	Book 1988		1
		Check if Schedule C	oontains)	a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	The labour Source Color of the same and		0 0 0 0 0 345,244 16,569 ► Business Code 900099	345,244 735,783	735,783	0		
	c d e f g	All other program ser Total. Add lines 2a-2	vice revenu	 ие.		735,783			
	3 4 5 6a b c d 7a b	Investment income and other similar and Income from investment Royalties	ounts) It of tax-exe	mpt bo	ond proceeds > (ii) Personal	5,502	0	0	5,50
Other Revenue	b c 9a b	Gross income from fuevents (not including \$ of contributions report See Part IV, line 18 Less: direct expense: Net income or (loss) fueres income from gross income from gross income from gross income or (loss) fueres: direct expense: Net income or (loss) fueres sales of irreturns and allowance Less: cost of goods suet income or (loss) fueres fueres for the same from the sam	ed on line 1 s	baising ities. a b g actiless a b	events . ►				
	11a b c d	All other revenue .							

1,088,870

735,783

e

0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 80,625 28,219 20,156 32,250 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 367,695 328,339 36,117 3,239 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,290 9,775 1,542 973 9 59,091 46,996 7,417 4,678 10 Payroll taxes 38,760 30,827 4,865 3,068 11 Fees for services (non-employees): Management Legal b Accounting 8,898 0 8,898 0 Lobbying Professional fundraising services. See Part IV, line 17 7,550 7,550 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 7,100 7,100 12 Advertising and promotion 11,717 1,569 5,858 4,290 13 91,520 66,552 19,231 5,737 14 Information technology . . . 15 Occupancy 16 18,788 10,126 0 8,662 17 116,217 102,013 12,921 1,283 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15,911 15,911 0 0 23 31,188 27,506 3,682 0 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **Building Materials & Tools** a 100,051 95,667 4,384 0 **Facility & Equipment Rentals** 37,056 37,056 0 0 Food & Kitchen Supplies 1,046 0 C 75,148 74,102 d All other expenses Total functional expenses. Add lines 1 through 24e 25 1,079,605 880,294 136,243 63,068 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

2 Savings and temporary cash investments 0 2 0 0 3 8.313			Check if Schedule O contains a response or note to any line in this Par	tX		
Pledges and grants receivable, net				(A)	14	(B)
2 Savings and temporary cash investments		1	Cash—non-interest-bearing	172,799	1	152,298
3 Pledges and grants receivable, net		2	Savings and temporary cash investments		2	0
A Accounts receivable, net 2,791 4 1,562		3		10,140	3	8,313
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Complete Part II of Schedule L Lans and other receivables from other disqualified persons (as defined under section 4958()(1), persons described in section 4958()(3)(8), and contributing employers and sponsoring organizations of section 501((29)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 11b Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities. See Part IV, line 11 13 Investments—publicly traded securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 19 Deferred revenue 21 Excens or or outsolial account liability. Complete Part IV of Schedule D 22 Cans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 29 27 Investricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Qapital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Capital stock or trust principal, or current funds 34 Retained earnings, endowment, accumulated income, or other funds 35 Taxola and complete lines 30 through 34. 28 Retained earnings, endowment, accumulated income, or other funds 37 Taxola and complete lines 30 through 34. 29 Retained earnings, endowment, accumulated		4		2,791	4	1,562
4958(f)(1), persons described in section 4958(c)(3)(5), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.	0	5	0
9 Prepaid expenses and deferred charges 12,836 9 15,989 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 79,831 30,343 10c 73,131 11 Investments—publicly traded securities 64,760 11 66,295 12 Investments—publicly traded securities 64,760 11 66,295 12 Investments—program-related. See Part IV, line 11 0 13 0 14 0 13 0 14 0 15 0 15 0 15 0 15 0 15 0 15 0 15	S	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	0
9 Prepaid expenses and deferred charges 12,836 9 15,989 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 79,831 30,343 10c 73,131 11 Investments—publicly traded securities 64,760 11 66,295 12 Investments—publicly traded securities 64,760 11 66,295 12 Investments—program-related. See Part IV, line 11 0 13 0 14 0 13 0 14 0 15 0 15 0 15 0 15 0 15 0 15 0 15	sei	7	Notes and loans receivable, net		7	0
9 Prepaid expenses and deferred charges 10a 152,962	As	8			8	10.911
10a		9			9	
b Less: accumulated depreciation 10b 79,831 30,343 10c 73,131		10a	Land, buildings, and equipment: cost or			- 44
11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 29 Permanently restricted net assets 20 Total liabilities. St Through 29, and lines 33 and 34. 20 Unrestricted net assets 31,304 28 59,366 29 Permanently restricted net assets 31,304 28 59,366 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund belances 252,864 33 266,254			other basis. Complete Part VI of Schedule D 10a 152,962			
12 Investments – other securities. See Part IV, line 11		b	Less: accumulated depreciation 10b 79,831	30,343	10c	73,131
13 Investments—program-related. See Part IV, line 11 0 13 0 0 14 14 14 14 15 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 15 0 0 0 15 0 0 0 15 0 0 0 0 0 0 0 0 0		11	Investments—publicly traded securities ,	64,760	11	66,295
14 Intangible assets		12	Investments – other securities. See Part IV, line 11	0	12	0
15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 25 Stockedule 30 Total net assets or fund balances 31 Total net assets or fund balances 25 Stockedule 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income 32 Estated and income 33 Estated and income 34 Estated earnings, endowment, accumulated income, or other funds 35 Estated 36 Estated 37 Estated 38 Estated 39 Estated 30 Estated 30 Estated 31 Estated 31 Estated 32 Estated 33 Estated		13	Investments-program-related. See Part IV, line 11	0	13	0
15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Total net assets or fund balances 25 Stockedule 30 Total net assets or fund balances 31 Total net assets or fund balances 25 Stockedule 30 Total net assets or fund balances 31 Total net assets or fund balances 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income and income, or other funds 32 Estated and income 32 Estated and income 33 Estated and income 34 Estated earnings, endowment, accumulated income, or other funds 35 Estated 36 Estated 37 Estated 38 Estated 39 Estated 30 Estated 30 Estated 31 Estated 31 Estated 32 Estated 33 Estated		14	Intangible assets	0	14	0
17		15	Other assets. See Part IV, line 11 ,	0	15	0
18 Grants payable 0 18 0 0 19 750		16	Total assets. Add lines 1 through 15 (must equal line 34)	303,808	16	328,499
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 26 Total stock or trust principal, or current funds 27 Experimental stocks or trust principal, or current funds 28 Retained earnings, endowment, accumulated income, or other funds 29 Total net assets or fund balances 20 Total net assets or fund balances 21 Total net assets or fund balances 22 Experimental payables to current funds 23 Total net assets or fund balances 24 Unsecured notes and loans payable to unrelated third parties 0 23 0 23 0 0 24 0 0 25 780 26 Total liabilities. Add lines 17 through 25 50,944 26 62,245 50,944 26 62,245 67,625 29 67,625		17	Accounts payable and accrued expenses	50,944	17	60,715
20 Tax-exempt bond liabilities . 0 20 00 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 00 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 0 22 00 23 00 24 00 25 00 25 00 25 00 26 00 27		18		0	18	0
20 Tax-exempt bond liabilities . 0 20 00 21 22 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 21 00 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 0 22 00 23 00 24 00 25 00 25 00 25 00 26 00 27		19	Deferred revenue ,	0	19	750
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20	Tax-exempt bond liabilities	0	20	0
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	- IN 12의 아이트	- 0	21	0
24 Unsecured notes and loans payable to unrelated third parties 0 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	oilities	22	trustees, key employees, highest compensated employees, and		20	
24 Unsecured notes and loans payable to unrelated third parties 0 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ia	22				
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	_	107 S. III	그렇는 하는 것들이 이 이번 등에 가게 가게 하는 것이 없는데 하는데 하는데 하는데 하는데 되었다면 다른데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는			
26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 50,944 26 62,245 35 50,944 26 62,245 36 62,245 36 62,245 37 139,263 37 13		200	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		100	- 1000 H. (1945) 104 H. (1945) 10 H. (1945) 10 H. (1945) 10 H. (1945) 11 H. (1945) 11 H. (1945) 11 H. (1945) 1			780
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		50,944	26	62,245
Unrestricted net assets	ses					-
28 Temporarily restricted net assets	an	27	Unrestricted net assets	153,935	27	139,263
Permanently restricted net assets	Bal	28		31,304	28	59,366
30 Capital stock or trust principal, or current funds	r Fund	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	67,625	29	67,625
31 Paid-in or capital surplus, or land, building, or equipment fund	0 8	30			30	
32 Retained earnings, endowment, accumulated income, or other funds . 32 33 Total net assets or fund balances	set	2.5			_	
33 Total net assets or fund balances	As	11.000	그는 어느저 발생이라 그렇게 보이는 요한 국가 아니어 사람이 가는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니는 아니			
34 Total liabilities and net assets/fund balances	let	The second second		252.864		266,254
	-	1.00			_	

Pa	4/1	-	
MA	CIR	0.1	-

Pari	IXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	tot t	2 1		
1		1		1,08	8,870
2		2		1,07	9,605
3	사람이 그림에 가게 있는 이렇게 되어 가게 하는 이번에 가게 되었다면 하는데 가게 되었다. 그는	3		-	9,265
4	- 12- mereta en amina a manara en mara de mina de la francia de la francia de la francia de la francia de la fr	4		25	2,864
5		5			4,774
6		6			0
7	그런 아내가 하는데, 아내가 되었다면 하는데 그는 그래. 하나는 그래요. 그래요. 그래요. 그래요. 그래요. 그래요. 그래요. 그래요.	7			649
8	: [마이어에 대한 10일	8			0
9		9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	0		26	6,254
Part	XII Financial Statements and Reporting	_			
_	Check if Schedule O contains a response or note to any line in this Part XII				
			- 1	Yes	No
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 Schedule O.	in In			
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 compile reviewed on a separate basis, consolidated basis, or both:		2a		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			Ш	
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 separate basis, consolidated basis, or both:	on a	2b	1	
c	Separate basis		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year, explanation changed either its oversight process or selection process during the tax year.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	rth in	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		ce Project					68-022	
Pa		Reason for Public Cha						ns.
1 2 3 4		eation is not a private founda church, convention of church school described in section hospital or a cooperative ho medical research organization spital's name, city, and state	hes, or associat 170(b)(1)(A)(ii). spital service or on operated in c	tion of churches descr (Attach Schedule E (F ganization described i	ibed in se orm 990 n section	or 990-E	0(b)(1)(A)(i). Z).) I)(A)(iii).	iii). Enter the
5	□ An	organization operated for ction 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6	☐ An	federal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a sub	stantial part of its sup				the general public
8	DA	community trust described i	n section 170(t)(1)(A)(vi). (Complete	Part II.)			
9	red	organization that normally ceipts from activities related pport from gross investme quired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
10 11	☐ An	organization organized and organization organized and e or more publicly supporter e box in lines 11a through 11	operated exclus	sively for the benefit of, described in section 5	to perfor	m the fun	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check
а	t	Type I. A supporting organiz the supported organization(sorganization.) the power to r	egularly appoint or ele				
b		Type II. A supporting organicontrol or management of the organization(s). You must control or must control or must control organization(s).	e supporting or	ganization vested in th				
c		Type III functionally integrate supported organization(s)						/ integrated with,
d	t	Type III non-functionally in hat is not functionally integre equirement (see instruction:	ated. The organ	ization generally must	satisfy a	distributi	on requirement and	
е		Check this box if the organiz unctionally integrated, or Ty						, Type III
f		er the number of supported vide the following information				* * *		÷)
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see Instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)		1						
C)								
D)	13							
E)								
ota								

(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) 2011 **(b)** 2012 (c) 2013 (d) 2014 **(e)** 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by person (other than a each governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. Section B. Total Support **(b)** 2012 (d) 2014 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (c) 2013 (e) 2015 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) **Total support.** Add lines 7 through 10 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 10%-facts-and-circumstances test - 2014. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

	on A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,211	248,207	210,673	301,428	345,244	1,268,763
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	662,697	791,413	829,746	782,803	735,783	3,802,442
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	o.	o
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	825,908	1,039,620	1,040,419	1,084,231	1,081,027	5,071,205
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	253,387	232,434	197,472	201,058	80,726	965,077
C	Add lines 7a and 7b	253,387	232,434	197,472	201,058	80,726	965,077
8	Public support. (Subtract line 7c from line 6.)	233,307	232,434	137,472	201,038	80,720	4,106,128
Secti	on B. Total Support			- 4	-		4,100,120
_	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	825,908	1,039,620	1,040,419	1,084,231	1,081,027	5,071,205
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,106	1,729	612	4,811	12,617	20,875
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	1,106	1,729	612	4,811	12,617	20,875
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1.0.		T TOTAL	T stunded	100	0
14	First five years. If the Form 990 is for the organization, check this box and stop her					1,093,644 ar as a section	
Secti	on C. Computation of Public Support						
15	Public support percentage for 2015 (line 8			3, column (f))		15	80.64 %
16	Public support percentage from 2014 Sch					16	78.25 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (li	ne 10c, colum	n (f) divided by	line 13, colum	ın (f))	17	0.41 %
18 19a	Investment income percentage from 2014 331/3% support tests – 2015. If the organization					18 ore than 331/3%	0.20 % 6, and line
b	17 is not more than 331/3%, check this box a 331/3% support tests—2014. If the organization	ation did not ch	eck a box on l	ne 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	line 18 is not more than 331/2%, check this be Private foundation. If the organization did			The state of the s			_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

-	on All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
С	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)? 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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
b	pe I or Type II only. Was any added or substituted supported organization part of a class already			
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
9a	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	110		
oecu.	511 B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	110
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? 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.	2		
Secti	on 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)? 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).	1		
Secti	on 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?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on 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	instru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,-
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structio	ons).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
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		(5) 0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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		
 Check here if the current year is the organization's first as a non-functionall instructions). 	y-in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions	oj Supporting Organi	Zauona (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	evernt nurnoses		Ourient real
2	Amounts paid to perform activity that directly furthers ex-		stool	
2	organizations, in excess of income from activity	empt purposes or suppo	rieu	
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	inzations		
5	Qualified set-aside amounts (prior IRS approval required)			
_	Other distributions (describe in Part VI). See instructions.			
6	Total annual distributions. Add lines 1 through 6.			
7		A a commence	3.5.03x 368	
8	Distributions to attentive supported organizations to which	on the organization is res	ponsive	
0	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount		in	/exes
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
1	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

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.)

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Name o	of the or	ganization		Employer identification number
		e Project		68-0222320
Par	t	Organizations Maintaining Donor Adv Complete if the organization answered	"Yes" on Form 990, Part IV, line	6.
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year		
2	- C	egate value of contributions to (during year)		1111
3		egate value of grants from (during year)		41
4	~~	egate value at end of year	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1122 1 2 2 2 2 2 2
5		he organization inform all donors and donor s are the organization's property, subject to th		
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, o	r for any other purpose
Par		Conservation Easements. Complete if the organization answered		
1	Purn	ose(s) of conservation easements held by the		7.
	□ P □ P	reservation of land for public use (e.g., recreat rotection of natural habitat reservation of open space	tion or education)	of a certified historic structure
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribu	
		ment on the last day of the tax year.		Held at the End of the Tax Year
а				
b		acreage restricted by conservation easement		
C		ber of conservation easements on a certified I		
d		ber of conservation easements included in	and the second s	
		() 그녀가 걸다. 교회의 경화에서 하나요 회에서 전체가 되었다. 사람들은 여자를 하고 있다.		<u>2d</u>
3		ber of conservation easements modified, trans ear ►	sterred, released, extinguished, or to	emilitated by the organization during the
		ber of states where property subject to conse	ryation easement is located	
5		the organization have a written policy re		penection bandling of
	violat	tions, and enforcement of the conservation ea	sements it holds?	Yes 🗌 No
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	ig conservation easements during the year
7	Amou ►\$	unt of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcin	ng conservation easements during the year
8		each conservation easement reported on line section 170(h)(4)(B)(li)?		
9	In Pa balar	rt XIII, describe how the organization reports on the sheet, and include, if applicable, the text of conization's accounting for conservation easements	conservation easements in its reven of the footnote to the organization's	ue and expense statement, and
Par		Organizations Maintaining Collection Complete if the organization answered		
1a	work	organization elected, as permitted under SF s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f	assets held for public exhibition,	education, or research in furtherance of
b	work publi	e organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	assets held for public exhibition, ing to these items:	education, or research in furtherance of
	(i) R	evenue included on Form 990, Part VIII, line 1	A distribution of the security of	\$
	(ii) As	ssets included in Form 990, Part X	the second second second second	
2	follov	e organization received or held works of art, ving amounts required to be reported under S	FAS 116 (ASC 958) relating to these	e items:
а	Reve	nue included on Form 990, Part VIII, line 1 .		▶ \$
b	Asse	ts included in Form 990, Part X		> \$

Par	t III Organizations Maintaining	Collections of	Art, Historical 1	reasures,	or Other Sin	nilar Asse	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the	following that	t are a sign	nificant use of its
a	☐ Public exhibition		d 🗆 Loan	or exchange	programs		
b	Scholarly research		e 🗌 Other				
C	Preservation for future generations	S					
4	Provide a description of the organization.	tion's collections a	and explain how t	hey further th	ne organizatio	n's exemp	t purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donations of art, ined as part of the	historical tre e organizatio	asures, or oth	ier similar	☐ Yes ☐ No
Par	Complete if the organization 990, Part X, line 21.		' on Form 990, I	Part IV, line	9, or reporte	d an amo	unt on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?						
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:		Am	ount
c	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amou					t liability?	☐ Yes ☐ No
	If "Yes," explain the arrangement in P						
	tV Endowment Funds.			7 (1.5.2)			
	Complete if the organization	answered "Yes"	on Form 990. I	Part IV. line	10.		
	o ampioto il tito di garnization	(a) Current year	(b) Prior year	(c) Two years		years back	(e) Four years back
1a	Beginning of year balance	78,465	81,330	THE PERSON NAMED IN	8,830	58,830	24,335
b	Contributions	70,403	61,330		2500	20,000	34,393
c	Net investment earnings, gains, and	- 1	-		2300	20,000	54,555
	losses	4,774	-2,799				102
d	Grants or scholarships	-2,590	-2,100				102
e	Other expenditures for facilities and	-2,530			-	- 1	
	programs						
f	Administrative expenses	649	66				
g	End of year balance	80,000	78,465		1,330	78,830	58,830
2	Provide the estimated percentage of t					70,030	30,030
a	Board designated or quasi-endowmer	and the state of t	0%	i, colarini (a)	ricia as.		
b	Permanent endowment ►		270				
C	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and		10%				
32	Are there endowment funds not in the			at are held a	nd administer	ed for the	
ou	organization by:	e possession of th	o organization in	at are freid a	ia administra	ou for the	Yes No
	(i) unrelated organizations	0.7		0 2 0 2 0	500		3a(i) ✓
	(ii) related organizations					2 3 9	3a(ii) 🗸
b	If "Yes" on line 3a(ii), are the related o						3b
4	Describe in Part XIII the intended uses					* * *	130
_	tVI Land, Buildings, and Equip	•	in 5 chaowing it is	arius.			
r ai	Complete if the organization		on Form 990 I	Part IV line	11a Soo Fo	rm 000 D	art Y line 10
	Description of property	(a) Cost or other		or other basis	(c) Accumulat		(d) Book value
	bescription of property	(investme		ther)	depreciation		(d) Book value
1a	Land						
b	Buildings	91 1	- + 10 + -				
c	Leasehold improvements	M 10 3		24,599		9,179	15,420
d	Equipment			128,363		70,652	57,711
e	Other	- I		. 20,000			200.11
	Add lines 1a through 1e (Column (d) n	nust equal Form 90	0 Part X column	(R) line 10c	in the second		72 121

	Complete if the organization a	ies. answered "Yes" on F	orm 990. Part IV. line	11b. See Form 990, Part X, line 12
	(a) Description of security or cate (including name of security)	igory	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financia	I derivatives			
Closely-	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)			4	
	(b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Rela		-	
art viii	Complete if the organization a	answered "Yes" on F	orm 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investmen	t	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)				
2)				
3)			+	
4) 5)				
6)				
7)				
8)				
9)				
	G 2			
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Column Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	A - / - / - / - 1		TO LOCALIZATION
	Other Assets.	at attack to the total	orm 990, Part IV, line	11d. See Form 990, Part X, line 15
	Other Assets.	at attack to the total	orm 990, Part IV, line	11d. See Form 990, Part X, line 19
Part IX	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3)	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3) 4)	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3) 4)	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3) 4) 5) 6)	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3) 4) 55) 66) 77)	Other Assets.	answered "Yes" on F	orm 990, Part IV, line	
Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization a	answered "Yes" on F (a) Description	orm 990, Part IV, line	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization a	answered "Yes" on F (a) Description	orm 990, Part IV, line	
Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization a summ (b) must equal Form 990, Part (c) Other Liabilities. Complete if the organization a	answered "Yes" on F (a) Description (c) Col. (B) line 15.)		(b) Book value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part) Other Liabilities. Complete if the organization a line 25.	(a) Description (c) Col. (B) line 15.)	orm 990, Part IV, line	(b) Book value
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Part IX 1) 2) 3) 4) 5) 6) 7) B) Part X 1) Federal i	Other Assets. Complete if the organization at	(a) Description (c) Col. (B) line 15.)	orm 990, Part IV, line	(b) Book value
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Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (C	Other Assets. Complete if the organization a summ (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability income taxes	(a) Description (c) Col. (B) line 15.)	orm 990, Part IV, line	(b) Book value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Columnation (C	Other Assets. Complete if the organization a summ (b) must equal Form 990, Part 2 Other Liabilities. Complete if the organization a line 25. (a) Description of liability income taxes	Answered "Yes" on F (a) Description (b) Book value	orm 990, Part IV, line	(b) Book value

Schedule D (Form 990) 2015 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 1.142.519 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 4.774 48,875 0 2d Other (Describe in Part XIII.) 0 Add lines 2a through 2d 2e 53,649 3 3 Subtract line 2e from line 1 1,088,870 Amounts included on Form 990. Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1,088,870 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1,129,129 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a 48.875 Prior year adjustments 2b Other losses 2c Add lines 2a through 2d 2e 48,875 3 Subtract line 2e from line 1 1,080,254 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 649 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 1,079,605 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 V, Line 4: The Sierra Service Project Endowment exists to further the aims and objectives of the Sierra Service Project in the years and decades to come. It provides a means for individuals and families to leave special gifts and bequests which will ensure the long-term future of the organization. Part X, Line 2: Management of SSP has evaluated the tax positions and related income tax contingencies. Management does not believe that any material uncertain tax positions exist.

Schedule D (For	m 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization Sierra Service Project 68-0222320

Part III, 2: Sierra Service Project started running a Fall-Spring beautification program using funds from the City of Rancho Cordova.
Part III, 3: Sierra Service Project discontinued its Nicaragua Program. SSP had been running the Nicaragua Program in partnership with
Seeds of Learning, and decided to focus on the other program offerings instead.
Part III, 4d: These expenses are for general program costs, and are not able to be broken out into the different program categories.
Part VI, Section B, 11b: The 990 was distributed to the full Board by e-mail for review prior to filing.
Part VI, Section B, 12c: Annually at our fall board meeting we have all members review and sign the conflict of interest policy.
Part VI, Section B, 15a&b: The Board's Personnel Committee has selected a target pay range for the Executive Director position based upon
salaries paid for similar positions in similar organizations. Salaries for other positions have been reviewed by the Board and the Executive
Director by comparing them to similar positions in other Sacramento nonprofit organizations.
Part VI, Section C, 19: All policies, governing documents, and financial statements are distributed to the board at our quarterly board
meetings. Financial statements are also distributed to the finance committee monthly and are reviewed via teleconferences. Any revisions to
policies or documents are approved by the Board and redistributed. Our annual audit and IRS 990 are available on our website at
https://sierraserviceproject.org/donate/financial -information/. All documents can be made available upon request.
Part XII, 2c: Our financial statements were audited by an independent auditor in the end of November 2016. Our board of directors created an
Audit Committee separate from the Finance Committee to review and discuss the results with the auditor. Once the audit reports were
complete they were distributed to all board members.