COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

For Individuals:

1. Name: Jonathan Kusel, Ph.D.

2. Address: Home: 1657 Diamond Mountain Road, Greenville, CA 95947 Office: Sierra Institute for Community and Environment, 4438 Main Street, PO Box 11, Taylorsville, California 95983

- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations: n/a

- 1. Name:
- 2. Name of Organization(s) You are Representing at the Hearing:
- 3. Business Address:
- 4. Business Email Address:
- 5. Business Phone Number:

Name/Organization Jonathan Kusel, Sierra Institute for Community and Environment

Title/Date of Hearing: Hearing on H.R. 491, H.R. 3500, H.R. 3685 and S.271, Friday, February 3, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

* Ciriacy-Wantrup postdoctoral fellowship in natural resource economics, University of California, Berkeley

* Ph.D. in Natural Resource Sociology/Policy, University of California, Berkeley, Department of Environmental Science, Policy and Management

* Masters of Forest Science, Yale School of Forestry

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

* Science Advisory Board, American Forests

* Manuscript Reviewer for Society and Natural Resources, Rural Sociology, Forest Science, International Forestry Review

* Member, Society of American Foresters, Rural Sociological Society

* Member, Indian Valley Volunteer Fire Department

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

* Currently, Executive Director of the Sierra Institute for Community and Environment (which promotes healthy and sustainable forests and watersheds by investing in the wellbeing of rural communities and strengthening their participation in natural resource decisions and programs)

* Facilitator and leader, Northern Sierra Collaborative Health Network, a consortium of the Plumas County Public Health Agency, three district hospitals and critical care facilities in Plumas County, and the Greenville Rancheria, an Indian Health Care Clinic

* Special consultant to the Sierra Nevada Ecosystem Project science team: project leader and coordinator of community assessment and public participation teams

* Team member and area lead of the Forest Ecosystem Management Assessment Team (FEMAT) responsible for assessment and analysis of forest communities in the Northwest

* Socioeconomic Criterion Indicators Task Force Leader, National Indicators of Sustainability

* Director, or the Pacific West Community Forestry Center, part of the National Community Forestry Center

* Board Member 7th American Forest Congress, member Communities Committee and Research Committee.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the</u> <u>Interior (and /or other agencies invited)</u> that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

The Sierra Institute received grants from the

* U.S. Forest Service under the Recovery Act (award number 10-CA-11059702-108) to advance the utilization of biomass on federal land with a focus on the Plumas National Forest and the Feather River Watershed; \$562,828.

* Rural Care Outreach Services grant from the Health Resource Services Agency to develop a community-academic partnership to advance comprehensive and accessible healthcare services and education through a Telehealth program in Plumas County; \$375,000

* The Sierra Institute is receiving funding through the Fall River Resource Conservation District that received a grant from the Shasta Resource Advisory Committee and the Lassen National Forest to launch a sustainable community forestry project in the Hat Creek and Burney Creek areas of the Shasta County.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I have studied on natural resource issues and community health and well-being for over 20 years, and lived and worked in the rural northern Sierra since the late 1980s. I served on the county school board for ten years and have been a volunteer fire fighter for as long as I've lived the area.

I left the University to improve understanding of rural, resource dependent communities and work on triple-bottom line (environment, economy, and equity or community) applied research, and practice.

Name/Organization	
Title/Date	of
Hearing	

In addition, for witnesses representing organizations: n/a

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

No

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the</u> <u>Interior (and /or other agencies invited)</u> that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s). N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization. None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

	Short Form 990-EZ Return of Organization Exempt From Incor Under section 501(c), 527, or 4947(a)(1) of the Internal Reven		2008
	(except black lung benefit trust or private foundation)		2000
D	Sponsoring organizations of donor advised funds and controlling organizations as defined in section 990. All other org-anizations with gross receipts less than \$1,000,000 and total assets less than \$2 year may use this form. The organization may have to use a copy of this return to satisfy state reporting re		Open to Pu Inspectio
Δ	For the 2008 calendar year, or tax year beginning , 2008, and ending		_
B	Check if applicable:	D Employer	identification numbe
F	Address change Use RS SIERRA INSTITUTE FOR COMMUNITY AND		318166
F	Name change label or ENVIRONMENT print or 4352 MAIN STREET/POB 11	E Telephone	
Ē	Termination Specific TAYLORSVILLE, CA 95983-0011		284-1921
+	Amended return Instruc- tions. Application pending	F Group E Number	xemption
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Ac Ot	counting method: her (specify) ►] Cash 🔀 Ac
T	Website: ► http://www.sierrainstitute.us	neck ► X if the org quired to attach Sche	ganization is not
1	Organization type (check only one) —X501(c)(3) \checkmark (insert no.)4947(a)(1) or52799	0-EZ, or 990-PF).	
ĸ	Check \blacktriangleright if the organization is not a section 509(a)(3) supporting organization and its gross r \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a	eceipts are normally	not more than
	\$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 9		
L	instead of Form 990-EZ	<u></u>	248,0
۶ P	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S		
	1 Contributions, gifts, grants, and similar amounts received		22,6
	 2 Program service revenue including government fees and contracts		214,9
	4 Investment income		10,3
	5a Gross amount from sale of assets other than inventory		
-	b Less: cost or other basis and sales expenses		
EV	 c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. 		
ÈN	a Gross revenue (not including \$ of contributions		
UE	reported on line 1)		
	b Less: direct expenses other than fundraising expenses		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<u>6c</u>	
	b Less: cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe >) 8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	▶ 9	248,0
	 10 Grants and similar amounts paid (attach schedule). 11 Benefits paid to or for members. 		. <u></u>
EXP	 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 		261,63
PE	13 Professional fees and other payments to independent contractors		2,1
N S E	14 Occupancy, rent, utilities, and maintenance		13,80
s	15 Printing, publications, postage, and shipping		2,98
	16 Other expenses (describe ► See Statement 1 17 Total expenses (add lines 10 through 16)		84,4
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		-116,99
A N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Ë S T E			221,23
Š	20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20		104,23
	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Fo		
	(See the instructions for Part II.) (A) Be		(B) End of year
	Cash, savings, and investments	161,522.22	38,20
	Land and buildings	104,924.23	104,46
24	Other assets (describe ► See Statement 2)	3,726.24 270,172.25	<u> </u>
	Total assets	48,942.25	42,18
25	Total liabilities (describe ► See Statement 3)		

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Forn	n 990-EZ (2008) SIERRA INSTITU	ervice Accomplishment	s (See the instructi	ons.)		Expenses	
	· · · · · · · · · · · · · · · · · · ·	- $C+-+-mon+1$			(Req	uired for 501(c)(3)) ond
Desc	ribe what was achieved in carrying out	the organization's exempt pur of persons benefited, or other	poses. In a clear and co relevant information fo	oncise manner, r each	and 4947 for o	(4) organizations ((a)(1) trusts; optic thers.)	and onal
prog 28	WORKING TO ADVANCE THE	COMMUNITY WELL-BEIN	G. PARTICIPATO	RY			
	COMMUNITY DEVELOPMENT AN	D_HEALTHY, SUSTAIN	ABLE_ECOSYSTEMS	_THROUGH			
	RESEARCH, EDUCATION AND	DIALOGUE	rants check here		28 a	332,7	139.
20	(Grants \$) If				1		
29					-		
					29a		
	(Grants \$) If t	his amount includes foreign g	rants, check here	<u></u>	2.54	·····	
30]		
					20-		
	(Grants \$) If t	his amount includes foreign g	rants, check here	<u></u>	30 a		
31	Other program services (attach schedu (Grants \$) If t	his amount includes foreign g	rants, check here		31 a		
32		lines 20a through 31a)			32	332,7	
	List of Officers, Directors	s, Trustees, and Key Em	ployees. (List each o	(d) Contributions	npens to		
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	employee benefit plat deferred compensa	ns and	and other allowa	nces
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See	Statement 5		00,0001			-	
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	Other Information (Note the statement requirement in General Instruction V.)	<u> </u>		
				Yes N
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed d each activity		33	<u>`</u> }
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the		34	<u>}</u>
ł	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported attach a statement explaining your reason for not reporting the income on Form 990-T.			
in King	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting proxy tax requirements?	· · <i>·</i> · · · · · · · · · · · ·	35 a 35 b	X
36	Nas there a liquidation, dissolution, termination, or substantial contraction during the year?		36	x
37a	Nas there a liquidation, dissolution, termination, or substantial contraction during the year? f 'Yes,' complete applicable parts of Schedule N	0.	30	
	Did the organization file Form 1120-POL for this year?		37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or viny such loans made in a prior year and still unpaid at the start of the period covered by this return?	vere	38a	<u> </u>
b	f 'Yes,' complete Schedule L, Part II and enter the total 38b	N/A		
	01(c)(7) organizations. Enter:			
al	nitiation fees and capital contributions included on line 9	N/A		
	ross receipts, included on line 9, for public use of club facilities	<u>N/A</u>		
	01(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ection 4911 ► 0. ; section 4912 ►0. ; section 4955 ►	0.		
	D1(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction ear or did it become aware of an excess benefit transaction from a prior year? 'Yes,' complete Schedule L, Part I	······································	40 b	
.d E e A s	nter amount of tax imposed on organization managers or disqualified persons during the ear under sections 4912, 4955, and 4958	0.	40 e	X
		b. ► <u>530-28</u> 4 ► <u>95983-</u>		2
fir	any time during the calendar year, did the organization have an interest in or a signature or other authori ancial account in a foreign country (such as a bank account, securities account, or other financial account Yes,' enter the name of the foreign country:	ty over a)?	42 b	es No X
c At	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. any time during the calendar year, did the organization maintain an office outside of the U.S.? (es,' enter the name of the foreign country: ►		42 c	X
11				
	tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here I enter the amount of tax-exempt interest received or accrued during the tax year	- 43	►[] N/A N/A
44 Dic	the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead orm 990-EZ		Ye 14	s No X
45 Is a	ny related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If n 990 must be completed instead of Form 990-EZ	<u></u> 4	15	X
ВАА	TEEA0812L 01/14/09		990-EZ	(2008)
	<u>3</u>			

Part	990-EZ (2008) SIERRA INSTITUTE	POR COMMUNITI AN			18166	i	Pag
ar actin	Section 501(c)(3) organization and complete the tables for I	ines 50 and 51	501(c)(3) organiz				
				See	Stateme	<u>nt 6</u>	5
46 t	Did the organization engage in direct or indi for public office? If 'Yes,' complete Schedul Did the organization	irect political campaign a	ctivities on behalf of c	or in opposition to candid	lates	Yes	+
47 E	Did the organization engage in lobbying acti	vitios? If Yos I somelate	Cabadula O D 11		46		X
48	s the organization operating a school as de	scribed in cestion 170/h/	Schedule C, Part II.	· · · · · · · · · · · · · · · · · · ·	47		<u>}</u>
49a [s the organization operating a school as de Did the organization make any transfers to a		D(A)(II)? IT Yes, cor	mplete Schedule E	48		X
bli	f 'Yes,' was the related organization(s) a se	ction 527 organization?	related organization?	,	<u>49a</u>		X
ED 0		v organizations	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	49b		
50 C	Complete this table for the five highest comp eceived more than \$100,000 of compensation	ensated employees (othe	er than officers, direct	tors, trustees and key en	nployees) wi	ho ead	ch
		(b) I the and average	(c) Compensation	(d) Contributions to employee			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(1)	benefit plans and deferred compensation	(e) Exp accour	ni and	
None					other allo	wances	5
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1 Cor	per of other employees paid over \$100,000 ► mplete this table for the five highest comper m the organization. If there is none, enter 'N (a) Name and address of each independent contra	nsated independent contr None.'					1
1 Cor	mplete this table for the five highest compa	nsated independent contr None.'		ived more than \$100,000) of compen (c) Compen		1
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SCHEDULE A Form 990 or 990-EZ)	Public Charity Status and Public Support
	To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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Ì	OMB No. 1545-0047
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	Inspection

internal Reve	of the Treasury enue Service	► Attach	to Form 990 or Form 99	0-EZ. ►	See sep	arate in	structio	ns.		Inspection		
Name of the o	÷ D.		FOR COMMUNITY	AND					-	ication number		
		NVIRONMENT	tue (All executed		toomr	Noto th	ie nor		-18181			
			atus (All organization cause it is: (Please check					(Se		uctions)		
			association of churches d					(i)				
			1)(A)(ii). (Attach Schedul		i ili seco	1011 17 9(U .				
			vice organization describe		ction 17	0(b)(1)(A	oriin. 7	Attach S	Schedule	H.)		
			ated in conjunction with a									
n	ame, city, and	state:										
1	70(b)(1)(A)(iv)	. (Complete Part II.)	fit of a college or univers						ital unit c	lescribed in sectio		
7 1 A	n organization	e, or local government on that normally receives b)(1)(A)(vi). (Complete	or governmental unit desc a substantial part of its Part II.)	cribed in support	from a g	1 70(b)(governm	1)(A)(v) ental ui	nit or fro	om the g	eneral public desc		
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
fro in Ju	om activities re ivestment inco une 30, 1975.	lated to its exempt function me and unrelated busing See section 509(a)(2).		s sections	, and (2) n 511 ta:	no more x) from l	than 33 busines	3-1/3 % ses acq	ot its sup juired by	port from gross the organization a		
1 Ar m de	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box the describes the type of supporting organization and complete lines 11e through 11h.											
а	Type I	b Type I	I с Туре	III — Fur	nctionall	y integra	ated		d	Type III- Other		
th	The second s											
f lf ch												
g Sir	nce August 17	, 2006, has the organiz	ation accepted any gift	or contri	bution fi	rom any	of the t	followin	g person			
			t t 111 - Laure au				la a avila a		and (11)	Yes		
(i)	a person w below, the	no directly or indirectly aoverning body of the	controls, either alone or supported organization?.	togethe	er witn p	ersons c	escribe	α In (II)	ano (111)	. 11 g (i)		
(ii)			cribed in (i) above?							. 11 g (ii)		
(iii			n described in (i) or (ii) a							. 11g (iii)		
h Pro	ovide the follo	wing information about	the organizations the org	ganizatio	on suppo	orts.				,		
(i) Nar C	me of Supported Drganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) governing		the organ col.	vou notify nization in (i) of upport?	organiza (i) organ	Is the ition in col. ized in the .S.?	(vii) Amount of Supp		
				Yes	No	Yes	No	Yes	No			
	·····									· · · ·		
						<u> </u>				••••		
					ļ							
							2. TUDE LED 23	Antering of the second s	1			

Scl	nedule A (Form 990 or 990-EZ) 20	08 SIERRA	INSTITUTE F	OR COMMUNIT	Y AND (b)(1)(A)(iv) a	91-181816 nd 170(b)(1)(A	
Psi	(Complete only if you check	ked the box on lin	e 5, 7, or 8 of Pa	rt I.)			
Se	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3.		The second s	THE RELEASE AND DESCRIPTION OF			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006 [.]	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activi						
	First five years. If the Form 990 is organization, check this box and	stop nere	<u></u>	d, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ► □
<u>sect</u>	ion C. Computation of Pub Public support percentage for 200	Dic Support Pe	(f) divided by lin	e 11. column (f)			%
15	Public support percentage for 200	07 Schedule A, Pa	art IV-A, line 26f.	• • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •		%
	33-1/3 support test – 2008. If the and stop here. The organization of	qualmes as a publ	icly supported of	gamzadom	• • • • • • • • • • • • • • • • • • •		
•	33-1/3 support test – 2007. If the and stop here. The organization o	qualmes as a publ	ICIA 200000160 01	ganization			
	10%-facts-and-circumstances tes or more, and if the organization m the organization meets the 'facts-	and-circumstance	s' test. The orga	nization qualifies	as a publicly sup	ported organizatio	on►
1	10%-facts-and-circumstances tes or more, and if the organization m organization meets the 'facts'and	-circumstances' t	est. The organiz	ation qualifies as	a publicly suppor	ted organization.	►
	Private foundation. If the organiza	ation did not chec	k a box on line,	13, 16a, 16b, 1/a,	or 1/b, check th	edule Δ (Form 99	0 or 990-EZ) 2008
AA							0 0, 000 LL, 2000

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Page 2

Schedule A (Form 990 or 990 EZ) 2008 SIERRA INSTITUTE FOR COMMUNITY AND 91-1818166

Page 3

		••••••••••••••••••••••••••••••••••••••					and the second
Part III	Support	Schedule	for Orgar	nizations	Described	in Section	509(a)(2)
· · · · · · · · · · · · · · · · · · ·	(Complete	only if you o	hecked the	box on line	9 of Part I.)		

Section A. Public Support				·····	·····	
Calendar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants.').	397,923.	399,191.	472,520.	325,324.	238,024.	1,832,982.
2 Gross receipts form admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the				•		
organization's tax-exempt						ο.
 purpose. 3 Gross receipts from activities that are not and unrelated trade or business under section 513. 	•					0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5.	397,923.	399,191.	472,520.	325,324.	238,024.	1,832,982.
7a Amounts included on lines 1, 2, 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 1% of				2		
the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	Ο.	0.	0.
8 Public support (Subtract line	Sector La Contra de Contra de La C	CONTINUES IN A STORY OF CONTINUES	un automotic Steamer State (* 15	MADDATESTATISKY STRUCTURE AND AND STRUCTURE	ala uztintus az mini mini mini tu	
7c from line 6.)						1,832,982.
Section B. Total Support						
Calendar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	397,923.	399,191.	472,520.	325,324.	238,024.	1,832,982.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	656	696.	1,813.	675.	356.	4,196.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				0.
c Add lines 10a and 10b	656.	696.	1,813.	675.	356.	4,196.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is			5,847.	1,161.		7,008.
 regularly carried on 12 Other income. Do not include gain or loss from the sale of gapital assets (Explain in 						0.
Part IV.)	NUMBER CONFIDENCE DE			Nonselle Territoria (1,844,186.
 Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and s 	s for the organizat stop here	ion's first, second	, third, fourth, or	fifth tax year as	a section 501(c)(3	
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 200						99.4%
16 Public support percentage from 20			<u> </u>	· · · · · · · · · · · · · · · · · · ·		99.4%
ection D. Computation of Inve	stment Incom	e Percentage				0.0 %
17 Investment income percentage for	r 2008 (line 10c, co	olumn (f) divided	by line 13, columi	n (T))		0.2%
18 Investment income percentage fro	om 2007 Schedule	A, Part IV-A, line	2/R	more than 22 1/20/		0.3%
19a 33-1/3 support tests - 2008. If the ormore than 33-1/3%, check this box b 33-1/3 support tests - 2007. If the	x and stop here. T	he organization q	ualifies as a publ	icly supported or	janization	► X
is not more than 33-1/3%, check t Private foundation. If the organiza	his box and stop h	nere. The organiza	ation qualifies as	a publicly suppor	ted organization.	

Schedule A (Form 990 o	r 990-EZ) 2008 SIERRA IN	STITUTE FOR COM	MUNITY AND	91-1818166	Page 4
Part IV Suppleme	ental Information. Complete e 17a or 17b; or Part III, lir	e this part to provid ne 12. Provide any o	e the explanation other additional in	required by Part II, line formation. (see instruction	10; ons)
s eq q q t t					
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code time constraints					
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\$		- 	,	7	
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					.
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-					
ВАД		TEEA0404L 10/07/08		Schedule A (Form 990 or 990	-EZ) 2008
		4			

Form **990**

Depariment of the Treasury Internal Revenue Service

s.; ,

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) 2010

OMB No. 1545-0047

►	The organization	may have	to use a cop	iy of this	return to	satisfy	state r	eporting	requirements.

A	For	the 2010 caler	dar year, or tax year beginning , 2010, and endi	ing)
В	Check	if applicable:			D Employer Ide	entification Number
	\square	Address change	SIERRA INSTITUTE FOR COMMUNITY AND		91-181	8166
	H,	lame change	ENVIRONMENT		E Telephone nu	Imber
		nitial return	4438 MAIN STREET/POB 11		530-28	4-1022
		erminaled	TAYLORSVILLE, CA 95983-0011			
	- H				G. Cross ressint	\$ 480,535
	H	mended return	F Name and address of principal officer:	H(a) is this a	G Gross receipts group return for a	
		pplication pending			affiliates included?	
			Same As C Above	1	ittach a list. (see ir	1422 114
1		exempt status	X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	4		
<u>၂</u>			tp://www.sierrainstitute.us		xemption number	►
K		of organization:		<u>iion: 1999</u>	M State of	legal domicile: CA
P		🖉 Summar				
	1	Briefly describ	e the organization's mission or most significant activities: <u>Communit</u>	<u>y devel</u>	opment_a	nd healthy
¢		ecosyster	<u>research in consulting. Sierra Institute wo</u>	orks wit	h rural	
Activities & Governance			ganizations, and government agencies to desig			e_processes
9LD			us understand and build collaboration for su			
ove			►			
U v			ng members of the governing body (Part VI, line 1a)			10
ss S			ependent voting members of the governing body (Part VI, 'line 1b)			<u>c</u>
/itie			of individuals employed in calendar year 2010 (Part V, line 2a)			
cti			f volunteers (estimate if necessary)			111
<			business revenue from Part VIII, column (C), line 12			3,129.
	Ь	Vet unrelated b	pusiness taxable income from Form 990-T, line 34	<u> </u>	7Ь	2,129.
					or Year	Current Year
0			nd grants (Part VIII, line 1h)		33,265.	141,904.
Revenue			e revenue (Part VIII, line 2g)		402,420.	330,804.
eve			ome (Part VIII, column (A), lines 3, 4, and 7d)		10,525.	-183.
Ē			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,129.
	12 T	otal revenue -	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	146,210.	475,654.
	13 G	rants and sim	lar amounts paid (Part IX, column (A), lines 1-3)			
	14 B	enefits paid to	or for members (Part IX, column (A), line 4)			
	15 S	alaries, other (compensation, employee benefits (Part IX, column (A), lines 5-10)	2	251,912.	289,683.
ses			draising fees (Part IX, column (A), line 11e)		3,167.	
Expenses						
ЦЦ ЦЦ			g expenses (Part IX, column (D), line 25) ►			
- .			(Part IX, column (A), lines 11a-11d, 11f-24f)		06,896.	163,920.
-	18 To	otal expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)		61,975.	453,603.
	19 Re	evenue less ex	penses. Subtract line 18 from line 12 8		84,235.	22,051.
15 S				Beginning of	Current Year	End of Year
Net Assets or Fund Balances	20 To	otal assets (Pa	rt X, line 16)		21,404.	243,157.
₹ ⁸ 2			Part X, line 26)		32,282.	31,984.
Par 2	22 Ne	et assets or fur	nd balances. Subtract line 21 from line 20	1	89,122.	211,173.
Part		Signature E			00/2021	
COMPANY OF ME						
comple	te. Decla	aration of preparer	e that I have examined this return, including accompanying schedules and statements, and to the pther than officer) is based on all information of which preparer has any knowledge.	best of my kn	owledge and belies	I, It is true, correct, and
		DV C			10 2 2011	
•:		Signature of	officer	Daie (
Sign lere			Hong Fugel Experience Doch		~	
iere			a Man Ruser ENCUATUR DIVECTOR			· · · · · · · · · · · · · · · · · · ·
		+	name and title.			161
		Print/Type prepar	AWAR - CAPT 7 Dali	Chec	ا السبا	
aid		John A. 1	Kimmel, CPA John'A. Kimmel, CPA Jojit	self-e	mployed N,	/A
repa		Firm's name	BEQUETTE & KIMMEL ACCOUNTANCY CORP			
se C	Dnly	Firm's address	- 307 MAIN ST	Firm's	EIN - N/A	
			QUINCY, CA 95971-9121	Phone		83-0680
av the	e IRS	discuss this re-	turn with the preparer shown above? (see instructions)			X Yes No
				13L 12/21/10	·····	Form 990 (2010)
s n	VITA		AIGH ACCHORCE, SEE THE SEPARACE HIST ACTIONS. SEEAUL	12121/10		

			- •
	n 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND	91-1818166	Page 2
	Carries Accomplishments		X
ar sa	Check if Schedule O contains a response to any question in this Part III	<u></u>	<u></u>
	Briefly describe the organization's mission:		
•	See Schedule 0		
		istad on the prior	
2	Did the organization undertake any significant program services during the year which were not I		s X No
	Form 990 or 990-EZ?	·····	
	solution in the second se		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr		
	If 'Yes ' describe these changes on Schedule O.	i i Cont	tion 501(c)(3)
4	If 'Yes,' describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr expenses, and revenue, if any, for each program service reported.	ants and allocations to othe	ers, the total
4:	a (Code:) (Expenses \$ 193,533. including grants of \$ 135,37 Networked health care access project in Plumas County: Redu in Plumas County by improving access to the health care syst major goal of this program which is being implemented in Plu 2010-2011. The Networked health care access project explore coordinated health services can most effectively meet identi children, improve student performance, and improve quality o partnered with County Public Health Agency, local hospitals, the access to necessary health care for those who need it. of this project is developing more use of telemedicine and m for the rural communities.	em for residents mas County School s how networked a fied health care f life. The proje and schools to i Apother importan	s in needs of oct has mprove t piece
41	WORKING TO ADVANCE THE COMMUNICATION HEALTHY, SUSTAINABLE ECOSYSTEMS THROUGH RESEARCH, EDUCATION Institute understands that the sustainability of forests and inextricably tied to the economic health and well-being of r Furthermore rural communities require a continued relationsh of current projects completed or ongoing this year is Burney assessment project, center of Forestry tours, Mountain Bount High School Natural Resource Academy, etc.	ural communities. ip with the land. Hat Creek Forest y project, Greeny	ne_Sierra_
4	c (Code:) (Expenses \$ 67,212. including grants of \$ 52,71 Socioeconomic indicators for watersheds project: The purpose develop and evaluate measures and indicators for assessing s of watersheds in California. Maeasures and indicators were three watersheds in Mariposa County. Results will be used t of Water Resources Watershed Framework trends and progress of	8.)(Revenue \$ of this project socioeconomic attu developed and tes to inform the Depa of watershed proje	was_to
	d Other program services. (Describe in Schedule O.) See Schedule O	5 S)
	(Expenses \$ 39,735, including grants of \$ 20700000, (Expenses		
4	e Total program service expenses ► 397,008.	F	orm 990 (2010

						COMMUNITY	AND
Part IV	Chec	klist of R	equired	Sche	dule	S	

<u>13</u>			Ye	es 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 Σ	<
	2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).		2	X
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I	es3	3	x
	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	1	X
ł	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, Part III	5	;	-
e	Did the organization maintain any donor advised funds or any similar funds or accounts where 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.	<u>6</u>	X	
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V.	. 10	an atomicina	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	. <u>11 a</u>	X	
ł	b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its tota assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	 . <u>11</u> E		X
Ċ	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its tota assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	1 11 c		x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			<u>x</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
·	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<u>11 f</u>		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		X
	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, XII, and XIII is optional	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13 14a		<u>X</u> X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u></u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15 .		X
I	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		<u>X</u>
(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		<u>X</u>
]	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, ines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18		X
Ċ	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,'</i> complete Schedule G, Part III.	19		<u>X</u>
0 a C	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b lf fi	'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 lers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

91-1818166

Page 3

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Earr	n 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND 91-1818180	2		aye -
	RIN Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the Orned States on Part	22		X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		<u>X</u>
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		X
	complete Schedule N. If No, go to fine 20 for the point bonds beyond a temporary period exception?	24b		i
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussion during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>X</u>
ł	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? If 'Yes,' complete	25b		X
	Schedule L, Part I			37
	disqualified person outstanding as of the end of the organization of the trustes key amployee, substantial	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>	27	10 Diametrica	X
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):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	the first superstant of a suprement or former officer, director, trustee, or key employee? If 'Yes,' complete	28b		x
	Schedule L, Part IV	28c		x
	c An entity of which a current or former officer, director, trustee, or key employee (or a failing member director) has an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29		X
29	Did the organization receive more than \$25,000 in hon-cash contributions, in receiver assets, or qualified conservation			
30		30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Participation	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
3/1	301.7701-2 and Solt.7701-3, IF 769, complete 24	34		x
	ine i	35		X
35				ł
	within the meaning of section 512(b)(10)? If (65, 66, protection and a summit non charitable related			
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	36		X
37	treated as a partnership for federal income tax purposes? If res, complete concurs in	_37_		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	X	<u> .</u>
	NOLE, AIL FORTH SSO THEIS ALE REQUIRED TO COMPENSE	Form	1 990	(2010)

BAA

Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND	91-1818166	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance		,
Check if Schedule O contains a response to any question in this Part V.	· · · · · · · · · · · · · · · · · · ·	····
		Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6	
b 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 vendor (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	2a 6	
b If at least one is reported on line 2a, did the organization file all required federal employment Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in:	tax returns?2	26 X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	······································	a X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		ь Х
As 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 in	nancial account)?	a X
b If 'Yes,' enter the name of the foreign country: ►		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin	nancial Accounts.	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?5 r transaction?5	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?		a X
b If 'Yes,' did the organization include with every solicitation an express statement that such con not tax deductible?	tributions or gifts were	b
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and par services provided to the payor?	//	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whic Form 8282?	······································	
	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefi		<u>X</u>
g If the organization received a contribution of qualified intellectual property, did the organization as required?	file Form 8899	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	ganization file a7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	organizations. Did the	
supporting organization, or a donor advised fund maintained by a sponsoring organization, have holdings at any time during the year?	e excess business	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		REALITY CONTRACTOR
10 Section 501(c)(7) organizations. Enter:		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	a	
b Gross income from other sources (Do not net amounts due or paid to other sources	h	
against amounts due or received from them.)		anganan anganyan
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O	·	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14 a Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>
b If 'Yes.' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Sche	<i>dule 0</i> 14b	

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	91-1818166 Page	
Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND Part Missing Governance, Management and Disclosure For each 'Yes' re	esponse to lines 2 through 7b below, and for	
Bart Mile Governance, Management and Disclosure For each res re a 'Not response to line 8a, 8b, or 10b below, describe the cil	cumstances, processes, or changes in	
		V
Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u>.</u>
Section A. Governing Body and Management	Yes No	0
		Ĭ
1 a Enter the number of voting members of the governing body at the end of the tax	yea	
b Eater the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a	business relationship with any other	7 2
3 Did the organization delegate control over management duties customarily perfor of officers, directors or trustees, or key employees to a management company or	med by or under the direct supervision 3 X other person? 4 X	
4 Did the organization make any significant changes to its governing documents		<u>۰</u>
since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of th	ne organization's assets?	
5 Did the organization become aware during the year of a significant another significant and the second states of a significant and the second states of the		<u>`</u>
6 Does the organization have members or stockholders?	ect one or more members of the	
7a Does the organization have members, stockholders, or other persons who may el governing body?		
b Are any decisions of the governing body subject to approval by members, stockh	Hiers, of other percention the year by	
 B Are any decisions of the governing body decision and the meetings held or written a the following: 	actions undertaken ourning the year by 8a X	
a The governing body?		
b Each committee with authority to act on behalf of the governing body?	A who cannot be reached at the	
 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section organization's mailing address? If 'Yes,' provide the names and addresses in Schorgenization's mailing address? 	nedule O	<u>.</u>
Section B. Policies (This Section B requests information about policies not required	by the mileman Revenue coue.) Yes No	0
		_
10a Does the organization have local chapters, branches, or affiliates?		
b If 'Yes,' does the organization have written policies and procedures governing the	activities of such chapters, annates, 10b	
the stand a conv of this form 440 to all members of its 40%	Thing body bolore ming the	A. (199
is a straight of the process if any used by the organization to review up	is on so. See Screduce e manufacture	CONCIS-
the time have a written conflict of interest policy? It 'No.' go to line	13	
b Are officers, directors or trustees, and key employees required to disclose allinuation of the second states	12b X	
c Does the organization regularly and consistently monitor and enforce compliance		 7
the time have a written which blower policy?		
and destruction policy:	The second s	<u>۲</u>
15 Did the process for determining compensation of the following persons include a	tion and decision?	
h Other officers of key employees of the organization		
If iver to line 15e or 15h describe the process in Schedule O. (See Instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint ventur	re or similar arrangement with a 16a X	
organization's exempt status with respect to such arrangements?	taken steps to safeguard the 16b	
Section C. Disclosure		
17 List the states with which a copy of this Form 990 is required to be filed None		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applica inspection. Indicate how you make these available. Check all that apply.	DIE), אשט, מחט אשטייו (סטוונכ)(ס)א טוואָן מעמומטוב וטר אַטט	
The second state Apathor's website X Upon request	sential additional policy and financi	ial
 19 Describe in Schedule O whether (and if so, how) the organization makes its gove statements available to the public. See Schedule O 	ming accuments, contrict of interest policy, and interest	i UI
 statements available to the public. See Schedule 0 State the name, physical address, and telephone number of the person who poss JONATHAN KUSEL 4352 MAIN STREET/POB 11 TAYLORSVIL 	LE CA 95983-0011 530-284-1022	

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Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND	91-1818166	Page 7
Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employe	es,
and Independent Contractors		
Check if Schedule O contains a response to any question in this Part VII.	<u></u>	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1 a Complete this table for all persons required to be listed. Report compensation for the calendar yea organization's tax year.	r ending with or within the	

• 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.

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

(A)	(B)				(C)			(D)	(E)	(F)
Name and title	Average					l that ap		Reportable compensation from	Reportable	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	lividual trus director	Institutional trustee	Officer	Key employ₌e	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) WARREN GORBET					-		-			
Director	o	X						c c	0.	0.
(2) GERRY GRAY		- 23								
Treasurer	0	X						0	. 0.	Ο.
(3) HANK FOLEY								0		
Director	0	X		i				0	. 0.	Ο.
(4) MARTHA GUZMAN ACEVES									· · · · · · · · · · · · · · · · · · ·	
Director	0	X						0	. 0.	0.
(5) KEN ROBY								ž.	·	
President & CEO	Т о	X				ł		0	. 0.	Ο.
(6) TERREL HUTTON										
Secretary	0	X						0	. 0.	Ο.
(7) TERRY COLLINS										
Vice President		X					.	0.	0.	Ο.
(8) JOHN ALLEN										· · · ·
Director	0	X						Ο.	0.	0.
(9) ARTHUR WOODS									•	
Director	0	X						0.	0.	0.
(10) JONATHAN_KUSEL										
Executive Direc	50			X	X			98,000.	0.	6,647.
	-									
(12)					-					
			_							
(13)										
(14)		.	1	-+			+			
(15)					+				·····	
·										
(16)										
					1		+			,
ВАА		TEEA	40107	<u> </u> "j 1	/° 2/21/	<u>, </u> 10			l	Form 990 (2010)

Form 990 (2010) SIERRA INSTITUTE FOR COM	ידידאנזא	ΥA	ND						91-181816	6 Page 8
Form 990 (2010) SIERRA INSTITUTE FOR COM Part VII Section A. Officers, Directors, Trus	tees.	Key	En	iplo	bye	es,	and	d Highest Cor	npensated Emp	loyees (cont)
(A)	(B)	1		- (C)			(D)	(E)	
Name and title	Average							Reportable compensation from	Reportable compensation from	Estimated amount of other
	nours per week (describe hours for related organi-	or d	Insti	Officer	Key	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
÷ ÷	hours for related	recto	Institutional trustee	<u>а</u>	Key employee	est ci oyee	ē			and related organizations
	organi- zations	l trustee or	nal tr		loyee	omp				organizations
	in Sch O)	stee	uste			ensa				
			ro I			E d				
_(18)										
									· · ·	
_(19)									·	
(0)	†	<u> </u>								
_(20)										<u> </u>
(21)										
					ļ			·		<u> </u>
(22)										
	ļ									
(23)									•	
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_(25)										
(26)		ĺ		ĺ						
(07)										
_(27)										
(28)										
				ļ	ļ					
(29)	-									
	<u> </u>							98,000.	0.	6,647.
1 b Sub-total			•••					98,000.	0.	0.
c Total from continuation sheets to Part VII, Section	Α	••••	•••	••••	••••			98,000.	0.	6,647.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite				<u></u>	•••••			ceived more than	\$100,000 in report	
	εά το της	ise n	Siet	Jau	000	,	010			
from the organization 🕨 0						_				Yes No
3 Did the organization list any former officer, director		too	kov	٥m	nlov	ee i	or hi	inhest compensa	ed employee	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	individua	al	y						•••••	3 X
a manufacture to the the sum of re	enortabl	e col	mpe	ensa	tion	and	l oth	er compensation	from	
4 For any individual listed on line ra, is the sum of the organization and related organizations greater	than \$1	50,00	20?	lf ')	'es'	com	plet	e Schedule J for		4 X
Such mainiauai								-l exemination of	individual	
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes.' 	compen complei	satio te Sc	n tr chec	om dule	J fo	r su	ch p	erson	· · · · · · · · · · · · · · · · · · ·	5 X
 Complete this table for your five highest compensation 	ted inde	epen	den	t co	ntra	ctors	s tha	it received more	than \$100,000 of	
compensation from the organization.								(E		(C)
(A) Name and business addre	SS							Description	of services	Compensation
								l		
2 Total number of independent contractors (including	, but no	t lim	ited	to t	hose	e list	ted a	above) who receiv	ved more than	
\$100,000 in compensation from the organization >	0									Form 990 (2010)
		TEEÃ	01081	L 12/	21/10) .				10111000 (2010)

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	orm 990 (2010) SIERRA Part VIII Statement of I		FOR COMMUN	ITY AND		91-181816	56 Page
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 51-
CONTRIBUTIONS, GIFTS, GRANTS	b Membership dues c Fundraising events d Related organizations		b c d ·				
ONTRIBUTIONS,	e Government grants (contrib f All other contributions, gifts similar amounts not include g Noncash contributions inclu	, grants, and d above	6,170				
		<u></u>	Business Code	► 141,904			
PROGRAM SERVICE REVENUE	2 MICO DDOODAN DOT	אוזב	Business Code	225,850	. 225,850.	arthar meansaithers	
ĔVE	2a MISC PROGRAM REVE			67,507			
се н	b SHASTA COUNTY			34,042.			
L A	c SIERRA NEVADA CON			3,405.			
M SE	d TOUR FEES			3,405.	5,403.		
ŝRAI	f All other program servi						
ROG	g Total. Add lines 2a-2f.			330,804.	SARASH SARASAN		
<u>C.</u>	3 Investment income (income the similar amounts).	_		507.	507.		
	4 Income from investmer						
	5 Royalties	,	•	-			
	,	(i) Real	(ii) Personal		THE REPORT OF THE PROPERTY OF		
	6a Gross Rents	7,320					
	b Less: rental expenses	4,191					
	c Rental income or (loss)	3,129.					
	d Net rental income or (lo	ss)		3,129.		3,129.	
	7a Gross amount from sales of assets other than inventory.	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		690.				
	c Gain or (loss)		-690.		Manada Sanada a		
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	<u></u>	-690.	-690.		
	8a Gross income from fund (not including. \$						
	of contributions reported						
	See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from 9a Gross income from gamin See Part IV, line 19	~ [ents				
	b Less: direct expenses						
	c Net income or (loss) from	L	[∦]	2011-101925-26-000005001184552(7)	ANT THE FORTH STREET, S		
		· · [NATIONAL STREET	
10 a	Da Gross sales of inventory, and allowances	iess returns					
					ur under der Gestern Gestern Gestern Gesternen in der Gesternen der Gesternen der Gesternen der Gesternen der G	an a	
	b Less: cost of goods sold.	-	orv	I			
		-	Ory				
	b Less: cost of goods sold. c Net income or (loss) from Miscellaneous Revenue	-				in the second second	
	b Less: cost of goods sold. c Net income or (loss) from Miscellaneous Revenue	-					
	b Less: cost of goods sold. c Net income or (loss) from Miscellaneous Revenue	-					
11	b Less: cost of goods sold. c Net income or (loss) from Miscellaneoùs Revenue a b c	sales of invent					
17	b Less: cost of goods sold. c Net income or (loss) from Miscellaneous Revenue	sales of invent	Business Code				

Form 990 (2010)

Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must comp not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>6B,</i> 1	Grants and other assistance to governments				
2	line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,000.	85,260.	12,740.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	135,424.	100,000.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,535.	13,535.		
	employer contributions)	00.007	20,836.	1,455.	
9	Other employee benefits	20,433.	16,591.	3,842.	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	20,1001			
11	Fees for services (non-employees):				
÷	a Management		г.		
l	b Legal	4,217.		4,217.	
	c Accounting	4,217.			
,	d Lobbying				
ł	e Professional fundraising services. See Part IV, line 17	A			
	f Investment management fees		450.		
	g Other	450.	400.		
12	Advertising and promotion			1,948.	
13	Office expenses	9,721.	7,773.	1,940.	
14	Information technology		·		
15	Royalties			765.	
16	Occupancy	12,133.	11,368.	/65.	
	Travel	19,867.	19,867.		
17 18					
19	Conferences, conventions, and meetings	9,619.	9,619.		
20	Interest.				
21	Payments to affiliates.				
22	and the second excitation	3,206.	2,782.	424.	
23		2,825.	2,825.		
23 24	Other expenses Itemize expenses not				
24	covered above (List miscellaneous expenses				
	in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f				
	expenses on Schedule O.)		01 042		And a second
	a CONTRACT LABOR	91,043.	91,043.		
	b STIPENDS	4,410.	4,410.	4,386.	
	c BOARD EXPENSES	4,386.		4,300.	
	d MISCELLANEOUS	2,043.	2,043.		
	- <u>2</u>				
	f All other expenses			ECTOF	0.
25	and the second s	453,603.	397,008.	56,595.	<u> </u>
25	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational		·		
	campaign and fundraising solicitation		1	<u>. </u>	Form 990 (201

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Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND

Page 11

- 113.225				(A) Beginning of year		(B) End of year
<u> </u>	1	Cash - non-interest-bearing		3,782	. 1	6,095
	2			93,098	. 2	126,161
	3	Piedges and grants receivable, net			3	
	4	Accounts receivable, net		18,183	. 4	8,359
	5	Receivables from current and former officers, directors, trustees, key employ and highest compensated employees. Complete Part II of Schedule L	yees,		5	
	6	Receivables from other disqualified persons (as defined under section 4958() persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia organizations (see instructions)	(f)(1)), ary 		6	
S	7	Notes and loans receivable, net	_		7	
A S S E	8	Inventories for sale or use			8	
Ŧ	9	Prepaid expenses and deferred charges	[9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	h	Less: accumulated depreciation	38.	106,341.	10 c	102,542
	11	Investments – publicly traded securities			11	
		Investments – other securities. See Part IV, line 11		· · · · · · · · · · · · · · · · · · ·	12	
ļ		investments – program-related. See Part IV, line 11			13	
1		Intangible assets.			14	
1		Other assets. See Part IV, line 11			15	
Í		Total assets. Add lines 1 through 15 (must equal line 34)	-	221,404.	16	243,157
		Accounts payable and accrued expenses		28,251.	17	31,984
		Grants payable and accided expenses		20,202.	18	
		Deferred revenue.			19	
,		Tax-exempt bond liabilities			20	······································
1		Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 F	Payables to current and former officers, directors, trustees, key employees, nighest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
2	-	Secured mortgages and notes payable to unrelated third parties		4,031.	23	
		Insecured notes and loans payable to unrelated third parties			24	
2		Other liabilities. Complete Part X of Schedule D			25	
2		otal liabilities. Add lines 17 through 25		32,282.	26	31,984.
<u> </u>		Organizations that follow SFAS 117, check here ► X and complete lines				
		7 through 29 and lines 33 and 34.				
2		nrestricted net assets			27	154,249.
27		emporarily restricted net assets		78,675.	28	56,924.
29		ermanently restricted net assets			29	-
	0	rganizations that do not follow SFAS 117, check here 🕨 🗌 and complete				
30		nes 30 through 34.	10.00	antena fundatura desa (S	etter k	
30		apital stock or trust principal, or current funds			30	
31		aid-in or capital surplus, or land, building, or equipment fund			31	
32	2 Re	etained earnings, endowment, accumulated income, or other funds			32	
33	C To	otal net assets or fund balances			33	211,173.
100		tal liabilities and net assets/fund balances		221,404.	34	243,157.

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Form 990 (2010) SIERRA INSTITUTE FOR COMMUNITY AND 91-	1818166		Pa	ige 12
Part XIII Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part Xi	<u></u>	<u></u>	<u></u>	· .
1 Total revenue (must equal Part VIII, column (A), line 12)	1			54.
2 Total expenses fmust equal Part IX, column (A), line 25)	2			<u>503.</u>
2. Devenue loss expenses. Subtract line 2 from line 1	3			<u>)51.</u>
 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 	4	18	9,1	.22.
5 Other changes in net assets or fund balances (explain in Schedule O).	5			0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	21	.1,1	.73.
Devery Mill Financial Statements and Reporting				·7
Check if Schedule O contains a response to any question in this Part XII.	· · · · · · · · · · · · · · ·	<u></u>	<u></u>	i l
		RESERVE D	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				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> X
b Were the organization's financial statements audited by an independent accountant?		<u>2b</u>		A
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	he audit,	2c	101/840	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both:	ied on a			
Separate basis Consolidated basis Both consolidated and separate basis				Mexan e
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		3a		<u>X</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit	3 b		
BAA		Form S	39 0 (2	2010)

· · · · · · · · · · · · · · · · · · ·									OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)		ic Charity Statu						I	2010
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.									Openito Public
Department of the Treasury Internal Revenue Service	► Attach t	o Form 990 or Form 990	0-EZ. ►	See sep	arate in	structio	ns.		Inspection
	IERRA INSTITUTE	FOR COMMUNITY 2	AND				1 '	-	cation number
E	NVIRONMENT	un (All propriation		t comr	Jata th	is nart		18181) e instruc	
Parti Reason to	r Public Charity Stat a private foundation beca	us (All organization	IS IIIUS	1 check		ne hox)	.) 560	5 1150 40	
The organization is not	e private foundation beca vention of churches or as	sociation of churches d	escriber	in sect	ion 1700	Ъ)(1)(А)(n.		
	ribed in section 170(b)(1)					~/(// //	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2 A school desc 3 A hospital or a	a cooperative hospital ser	vice organization descri	bed in s	section 7	170(b)(1)	(A)(iii).			
4 A medical rese	earch organization operat	ed in conjunction with a	hospita	al descri	bed in s	ection 1	70(b)(1)(A)(iii). E	Enter the hospital's
	d state:								
5 An organizatio	n operaled for the benefit). (Complete Part II.)							tal unit d	escribed in section
7 An organizatio	e, or local government or n that normally receives a (b)(1)(A)(vi). (Complete F	a substantial part of its Part II.)	support	from a g	170(b)(governm	1)(A)(v). iental ur	nit or fro	om the ge	eneral public describec
8 📙 A community t	rust described in section	170(b)(1)(A)(vi). (Comp	lete Par	t II.)					
from activities	n that normally receives: related to its exempt func ome and unrelated busine See section 509(a)(2). (C	ess taxable income (less							
10 An organization	n organized and operated	exclusively to test for p	public sa	afety. Se	e sectio	on 509(a)(4).		
11 An organization	organized and operated upported organizations de ype of supporting organiz	exclusively for the ben escribed in section 509(ation and complete line	efit of, t (a)(1) or s 11e th	o perfori séction rough 1	m the fu 509(a)(a 1h.	nctions 2). See	of or c	arry out t 509(a)(3). Check the box that
a Type I	b Type II	c Type I	III — Fur	nctionall	y integra	ated		d 🔄	Type III - Other
	s box, I certify that the or dation managers and oth 2).	ganization is not contro er than one or more pu	lied dire blicly su	ectly or i pported	ndirectly organiza	y by one ations d	or mor escribe	e disqual d in secti	lified persons on 509(a)(1) or
f If the organizati check this box .	ion received a written det				<i></i>				
g Since August 1.	7, 2006, has the organiza	tion accepted any gift	or contri	bution fr	rom any	of the t	ollowing	g persons	Yes No
(i) A person (below, the	who directly or indirectly of governing body of the su	controls, either alone or upported organization? .	togethe	er with p	ersons a	describe	d in (ii)	and (iii)	
(ii) A family m	nember of a person descr	ibed in (i) above?					• • • • • • • •		11 g (ii)
(iii) A 35% cor	ntrolled entity of a person	described in (i) or (ii) a	above?.				••••		11 g (iii)
	wing information about the			·	·····				
(i) Name of supported organization	d (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organi column your g	Is the ization in (i) listed in overning	the organ	you notify nizalion in In (i) of upport?	organi colu	Is the zation in mn (i) ed in the S.?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
			165		103				
(A)						ļ			
A)									
B)									
<u></u>				1					
C)				'					
-/									
D)									
<u></u>									
Ξ)						NE, GL ; SILAH J. AND .	and the arcent	THE AND IN COMPANY	
-/									

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Schedule A (Form 990 or 990-EZ) 2010 SIERRA INSTITUTE FOR COMMUNITY AND 91-1818166

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				1		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) ⊺otal
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.)						-
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1- that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				,		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					10	
	Gross receipts from related activ			• • • • • • • • • • • • • • • • • •			
	First five years. If the Form 990 organization, check this box and	stop nere	<u></u>	nd, third, fourth, o	r fifth tax year as	a section 501(c)(³⁾ ►
Sec	tion C. Computation of Pul	hlic Support P	ercentade				
14	Public support percentage for 20	11.0 (line 6, columr	n (f) divided by lir	ne 11, column (f))	• • • • • • • • • • • • • • • • •	14	%
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14	• • • • • • • • • • • • • • • • • •			
	33-1/3% support test - 2010. If t and stop here. The organization	quannes as a pur	moly supported o	guinaette			
	33-1/3% support test – 2009. If t and stop here. The organization	qualities as a pur	moly supported o	igamzation			
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	-and-circumstanc	es' test. The orga	nization qualifies	as a publicly sup	ported organizatio	on ►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	d-circumstances	test. The organiz	ation qualifies as	a publicly suppor	ted organization.	
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 1/b, check th	is box and see ins	90 or 990-EZ) 2010
ваа					50		JU UL DUU-LEJ ZUTU

Schedule A (Form 990 or 990-EZ) 2010 SIERRA INSTITUTE FOR COMMUNITY AND

91-1818166

Page 3

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees						
and membership fees received. (Do not include any 'unusual grants.')	. 472,520.	325,324.	238,024.	435,685.	472,708	. 1,944,261
2 Gross receipts from admis-		52575211	20070211	1 200/000		
sions, merchandise sold or						
services performed, or facilities furnished in any activity that is			1	1	•	
related to the organization's tax-exempt purpose						0
3 Gross receipts from activities	•					
that are not an unrelated trade			Í			0.
or business under section 513. 4 Tax revenues levied for the	·					0.
organization's benefit and					1	
either paid to or expended on its behalf	2					0.
5 The value of services or						
facilities furnished by a governmental unit to the						
organization without charge						0.
6 Total. Add lines 1 through 5	472,520.	325,324.	238,024.	435,685.	472,708.	1,944,261.
7a Amounts included on lines 1,						
2, and 3 received from disgualified persons	0.	0.	0.	Ο.	Ο.	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	0.	ο.	0.	ο.	Ο.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line						
7c from line 6.)						1,944,261.
Section B. Total Support			·····	()) 0000	() 0010	
Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 10 a Gross income from interest,	472,520.	325,324.	238,024.	435,685.	472,708.	1,944,261.
dividends, payments received					·	
on securities loans, rents, royalties and income from						
similar sources	1,813.	675.	356.	327.	-183.	2,988.
b Unrelated business taxable income (less section 511						
taxes) from businesses						0
acquired after June 30, 1975						2,988.
c Add lines 10a and 10b	1,813.	675.	356.	327.	-183.	2,988.
11 Net income from unrelated business activities not included in line 10b,					· · · ·	
whether or not the business is	5,847.	1,161.		4,960.	3,129.	15,097.
regularly carried on 12 Other income. Do not include	5,047.	,			5,125.	
gain or loss from the sale of capital assets (Explain in						
Part IV.).						0.
3 Total support. (Add Ins 9, 10t, 11, and 12.)	480,180.	327,160.	238,380.	440,972.	475,654.	1,962,346.
4 First five years. If the Form 990 is	for the organizatio	n's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
organization, check this box and s ection C. Computation of Publ			<u></u>	<u></u>	<u></u>	·····
			12 column (f))	· · · · · · · · · · · · · · · · · · ·		99.1 %
					1 1	99.2 %
6 Public support percentage from 20 ection D. Computation of Inves	stment Income	Percentage		·····		
·····			v line 13 column	(f))	17	0.2 %
7 Investment income percentage for8 Investment income percentage fror						0.2 %
9 a 33-1/3% support tests – 2010. If th						line 17
is not more than 33-1/3%, check th	his box and stop he	re. The organiza	tion qualifies as a	publicly supporte	ed organization .	····· ► X
b 33-1/3% support tests - 2009, if th	e ornanization did	not check a box	on line 14 or line	19a, and line 16	is more than 33-1	/3%, and
line 18 is not more than 33-1/3%, c	check this box and :	stop here. The or	rganızation qualifi	es as a publicly s	upported organization	auon 🏲 🔄
• • • • • • • • • • • • • • •			10	E ELETE DE LE COMPANY	a implemente	
Private foundation. If the organizat	tion did not check a	box on line 14, TEEA0403L 12/			e instructions ule A (Form 990 (

Schedule A (Form 990 or 990-EZ) 2010 SIERRA INSTITUT	F FOR COMMUNITY AND	91-1818166	Page 4
Schedule A (Form 990 or 990-EZ) 2010 STERRA INSTITUT Part IV Supplemental Information. Complete this part Part II, line 17a or 17b; and Part III, line 12.	art to provide the explanations r Also complete this part for any	equired by Part II, line additional information	e 10; n.
(See instructions).			
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		1					OMB N	lo. 1545-0047	
	CHEDULE D Form 990) Supplemental Financial Statements						2010		
Ţ	- 0111 330)	► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.							
De Int	partment of the Treasury ernal Revenue Service	► Atta	ach to Form 990. ► See sepa	rate instructions.		Employerid	Inspe	to Public	
Na	me of the organization					Employeria	enuncation	namber	
-		TE FOR COMMUNITY A				91-181			
ے P	NVIRONMENT	ons Maintaining Dono	r Advised Funds or Othe	er Similar Fund	s or Acc	ounts. Co	omplete	e if	
19 L 10	the organiz	zation answered 'Yes' t	o Form 990, Part IV, line						
•			(a) Donor advised t	funds1	(b) i	Funds and c	other acco	Sunts	
		nd of year utions to (during year)		121,348.					
		from (during year)							
		it end of year		56,924.	· · ·				
Į	5 Did the organization funds are the orga	on inform all donors and don inization's property, subject	or advisors in writing that the to the organization's exclusive	legui control.		X	Yes	No	
6			s, and donor advisors in writin he benefit of the donor or don						
						· · · · · · · · · · · · · · · · · · ·	Yes	No	
Pa	art II Conservati	on Easements. Comple	ete if the organization an	swered 'Yes' to	Form 9	90, Part I	v, line	/.	
1	Purpose(s) of cons	servation easements held by	the organization (check all the	at apply). Preservation of a					
		f land for public use (e.g., re	creation of education)	Preservation of a					
	Protection of n Preservation o	f anon choos		 ,					
2	Complete lines 2a	through 2d if the organizatio	n held a qualified conservatior	n contribution in th	e form of a	a conservati	on easer	nent on the	
~	last day of the tax	year.		· · · · · ·	DAN THOMAS AND A	ield at the E			
	- Total number of co	pservation easements			2a				
	b Total acreage restr	icted by conservation easem	ents		25				
	c Number of conserv	ation easements on a certifi	ed historic structure included i	n (a)	20				
			(c) acquired after 8/17/06, and					<u> </u>	
3	Number of conserv tax year ►	ation easements modified, t	ansferred, released, extinguis	hed, or terminated	by the org	janization d	uring the		
4	Number of states w	here property subject to cor	servation easement is located	▶					
5	and entorcement of	t the conservation easement	arding the periodic monitoring s it holds?				Yes	No No	
6			g, inspecting, and enforcing co						
7	Amount of expense ►\$		pecting, and enforcing conser	vation easements (during the	year	·		
8	170(h)(A)(R)(i) and	section 170(h)(4)(B)(II)?	line 2(d) above satisfy the req				Yes	No	
	include, it applicable	e, the text of the loothole to	conservation easements in its rev the organization's financial st			2		nting for	
Pa	+ III Organizatio	ne Maintaining Collec	tions of Art, Historical T ered 'Yes' to Form 990, I	reasures, or O Part IV, line 8.	ther Sim	ilar Asset	.		
	a If the organization e art, historical treasu in Part XIV, the text	elected, as permitted under s ires, or other similar assets of the footnote to its financ	SFAS 116 (ASC 958), not to re held for public exhibition, educ ial statements that describes t	port in its revenue ation, or research hese items.	statemen in furthera				
ł	historical treasures,	or other similar assets neid	SFAS 116 (ASC 958), to report for public exhibition, education			- (*			
	(i) Revenues includ	led in Form 990, Part VIII, li	ne 1						
~	(ii) Assets included	in Form 990, Part X	historical treasures or other s	similar assets for f					
а	m · · · · · · · · · · · · · · · · · · ·	- Form 000 Bort VIII line 1				►Ş	<u> </u>		
b	Assets included in F	orm 990, Parl X	istructions for Form 990.	TEEA3301 11/		Schedu	le D (Forr	m 990) 2010	
ΒΑΑ	For Paperwork Red	uction Act Notice, see the Ir		JECHOOVIE III					

	ויידי דידי איז כי		TTY AND	91-181	8166	Page 2
Schedule D (Form 990) 2010 SIERE	inina Collea	ctions of Art, histo	rical measures, or	Other Similar Ass	ets (conti	inued)
3 Using the organization's acquisiti		and other records, che	eck any of the following	that are a significant u	ise of its col	llection
3 Using the organization's acquisiti items (check all that apply):	on, accession					
a Public exhibition		d Loan c	or exchange programs			
b Scholarly research		e 🔄 Other		· · ·	<u></u>	
	ations		u cuther the organi	ization's exempt purpos	se in	
 c Preservation for future gener 4 Provide a description of the orga 	nization's colle	ections and explain how	they further the organi	ization's exempt purpo.		
Part XIV. 5 During the year, did the organiza	tion solicit or a	receive donations of art	, historical treasures, o	r other similar		- No
5 During the year, did the organiza assets to be sold to raise funds r	ather than to I	pe maintained as part o	of the organization's col	lection ?	Q0 Part I	No
Bartil Escrow and Custodia 9, or reported an amo	l Arrangem	ents. Complete II C	galization anono	rea res lo ronn s		v, mic
	l	er other intermediary	for contributions or oth	er assets not	Yes	No
						لمبرسها
b If 'Yes,' explain the arrangement	in Part XIV ar	nd complete the following	ng table.		Amount	
				1c		
c Beginning balance				1d		
d Additions during the year				. 1e		
e Distributions during the year f Ending balance		· • • • • • • • • • • • • • • • • • • •		., 1f		
f Ending balance 2 a Did the organization include an a	mount on For	m 990 Part X line 21?			Yes	No
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co	mplete if th	e organization ans	wered 'Yes' to Forr	<u>m 990, Part IV, line</u>	<u>; 10.</u>	
Panav Endowment runds. Oc	(a) Current y	(b) Prior year	(c) Two years back	and a second	A BARRING AND DESCRIPTION	years back
1 a Beginning of year balance	(1) 01, 01, 01, 01, 01, 01, 01, 01, 01, 01,					
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities						
and programs						
f Administrative expenses						
g End of year balance		holonoo hold as:				
2 Provide the estimated percentage	e of the year e					
a Board designated or quasi-endov	vment 📕	0				
b Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
c Term endowment			thet are hold and admit	nistered for the		
3a Are there endowment funds not i	in the possess	ion of the organization	that are new and admin		Ye	es No
organization by: (i) unrelated organizations					3a(i)	
					3a(ii)	
(ii) related organizations b If 'Yes' to 3a(ii), are the related o	organizations	isted as required on Sc	hedule R?		3b	
A Describe in Part XIV the intended	d uses of the (organization's endowine	ent lunus.			
Part VI Land, Buildings, and	Equipment.	See Form 990, Pa	art X, line 10.			
Description of investment		(a) Cost or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	k value
		(investment)	30,000.			30,000.
1 a Land			91,948.	22,195.	and the second se	69,753.
b Buildings			<u> </u>			
c Leasehold improvements			18,358.	16,734.		1,624.
d Equipment			3,574.	2,409.		1,165.
e Other	<u></u>	up Form OOD Part V c			1	02,542.
Total. Add lines 1a through 1e (Colum	n (d) must eq	иагропп 530, ган А, с		Scheo	dule D (Form	n 990) 2010
BAA						

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Schedule D (Form 990) 2010 SIERRA INSTITUT	E FOR COMMUNITY AND	91-1818166 Pag
Fart VII Investments-Other Securities. Se		12. N/A
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cosl or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(D)		
(E)		
 _(F)	· _	
(G)		
(<u>H</u>)		· · · · · · · · · · · · · · · · · · ·
()		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	(343)#955	
Part VIII Investments-Program Related. (Se		13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		The second se
Part X Other Assets. (See Form 990, Part X		
(a) D	escription	(b) Book value
(1)		
(2)		
(3)	,,,,,,	
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
	R line 15	▶
otal. (Column (b) must equal Form 990, Part X, column(······································
otal. (Column (b) must equal Form 990, Part X, column(i Part X: Other Liabilities. (See Form 990, Part	X, line 25)	· · · · · · · · · · · · · · · · · · ·
otal. (Column (b) must equal Form 990, Part X, column(t 2ait X Other Liabilities. (See Form 990, Part (a) Description of liability	X, line 25)	······································
otal. (Column (b) must equal Form 990, Part X, column(l Cant X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i 2ait X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i ant X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(t) ant X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i ant X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(l) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i 2 art X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(2 ant X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 0)	X, line 25)	
otal. (Column (b) must equal Form 990, Part X, column(i Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 0) 1)	X, line 25) (b) Amount	
otal. (Column (b) must equal Form 990, Part X, column(i Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 0) 1) cal. (Column (b) must equal Form 990, Part X, column (B) line 25) EIN 48 (ASC 740) Ecotopte. In Part XIV, provide the text	X, line 25) (b) Amount (b) Amount (c) Amount	
otal. (Column (b) must equal Form 990, Part X, column(i Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 0) 1)	X, line 25) (b) Amount (b) Amount (c) Amount	

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	COMMINTTY AND	9	1-1818166	Page 4
Sch	edule D (Form 990) 2010 SIERRA INSTITUTE FOR COMMUNITY AND Reconciliation of Change in Net Assets from Form 990 to Audited Finance	cial Statements	N/A	
Pa	(0,0,0,0)			
1	$\sigma = 000 \text{ D}_{\text{eff}} W \text{ solution} (\Lambda) \text{ line } 2\text{ b}$			
2	and the second Contract line 2 from line 1			1
. 3				
4				
5				
6				
7				
8	Other (Describe in Part XIV) Total adjustments (net). Add lines 4 through 8			
9				
10	Excess or (deficit) for the year per audited financial statements, combine inter-	ts With Revenue per F	Return N/A	
Pa	Total revenue, gains, and other support per audited financial statements		. 1	
1	Total revenue, gains, and other support per audited infancial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
ä	a Net unrealized gains on investments			
ł	Donated services and use of facilities			
(c Recoveries of prior year grants.	2d		
(t Other (Describe in Part XIV)		. 2e	
	a little of through 2d	*******************************	3	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	10		
i	a Investments expenses not included on Form 990, Part VIII, line 7b	4b	- <u>Bara</u>	
ł	o Other (Describe in Part XIV.)	40	4c	
(Add lines 4a and 4b		5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	nte With Expenses De		
and a strength	The second station of Evnoncos nor Alighted Filldhuid Judicing			
1	Total expenses and losses per audited financial statements	****		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities	2a		
1	- Prior year adjustments	20		
	Other losses	20		
		20	2e	
	A HIM - On through 2d		3	
2	Subtract line 2e from line 1			
-	Augusta included on Form 990 Part IX line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 70	4a		
			4c	
			5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 10.	<u>/</u>		
Pa	TXIM Supplemental Information	Part III lines 1a and 4. Part	IV, lines 1b and 2b	;
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, I	ines 2d and 4b. Also compl	ete this part to pro	vide
Part	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 20 and 40, and 4 additional information.			
any	additional information			
		•		

Schedule D (Form 990) 2010 SIERRA INSTITUTE FOR COMMUNITY AND Part XIV Supplemental Information (continued)	91-1818166 Page 5
Part XIV Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	s on ©penito Publici Inspection
Name of the organization SI		Employer Identification number 91-1818166
	<u> III, Line 1 - Organization Mission</u>	
Community d	evelopment and healthy ecosystem research in consult	ting. Sierra
Institute_w	orks with rural people, organizations, and government	t_agencies_to_design
	ate processes that help us understand and build coll	
sustainable	community development and stewardship of our natura	al resources. SI
works hard	to bridge what they learn locally to what is happeni	ing in state and
national po	licy making.	
	III, Line 4d - Other Program Services Description	
	ject: Sierra Institute is attempting to link fire pr	
	Plumas County and healthy forests through production	on of biomass in the
Feather_Rive	er Canyon and adjacent areas of the Plumas National	Forest. Sierra
Institute_is	s seeking to identify issues that stymie biomass re	emoval and attempt to
help lift th	nose roadblocks to allow more projects to go through	h. This project is in
its_beginnin	ng stages	
	VI, Line 11b - Form 990 Review Process	
Preliminary	tax return is reviewed by a director and Executive	Director before
filing		
Form 990, Part	VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	nflicts
	s of interest must be reported to a director.	
	VI, Line 15a - Compensation Review & Approval Process for CEO, E	
	iring the normal course of conducting business. Boa	
approves exe	ecutive directors salary annually. Due to the econo	omy there was no
salary chang	ge from prior year.	

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

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Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ) 2010	Page 2
Name of the organization SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT	Employer identification number 91–1818166
Form 990, Part VI. Line 15b - Compensation Review & Approval Process for Offic	ers & Key Employees
Office is very small so that compensation review for other en	ployees is done by the
executive director with the approval of the board through the	budget and hiring
process.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Documents, forms, and statements available upon request.	

orm 8868	
Rev January 2011)	

Department of the Treasury Internal Revenue Service

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Application for Extension of Time To File an Exempt Organization Return

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►	File a	separate	application	for each	n return.
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If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... .

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Partil Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only....

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

	Name of exempt organization	Employer Identification number
Type or print	SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT	91-1818166
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.	
due date for filing your return. See instructions.	4438 MAIN STREET/POB 11 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TAYLORSVILLE, CA 95983-0011	

Enter the Return code for the return that this application is for (file a separate application for each return).....

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
	02	Form 1041-A	08
Form 990-BL	03	Form 4720	09
Form 990-EZ	04	Form 5227	10
Form 990-PF			11
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	12
Form 990-T (trust other than above)	05	Form 8870	

● The books are in the care of. ► JONATHAN_KUSEL	
 Telephone No. ► <u>530-284-1022</u> FAX No. ► <u>530-284-1023</u> If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group check this box. If it is for part of the group, check this box. If it is for all members the extension is for. 	► [] >,
 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>8/15</u>, 20 <u>11</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 <u>10</u> or tax year beginning, 20, and ending, 20 2 If the tax year entered in line 1 is for less than 12 months, check reason: initial return Final return Change in accounting period 	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	0.
c Balance due. Subtract line 3b from line 3a. include your payment with this form, if required, by using	0.

c Balance due. Subtract line 3b from line 3a. Include your payment with EFTPS (Electronic Federal Tax Payment System). See instructions ... SC3CS

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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

12/31/10															······
Client F265		5(2010 Federal Book Depreciation Schedule SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT	deral RRA II	BOO NSTITU EN	-ederal Book Depreciation Sch SIERRA INSTITUTE FOR COMMUNITY AND ENVIRONMENT	COMMI VENT	cion S UNITY A	chedu	lle					Page 1
														91	91-1818166
-Na	Date — Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr	Prior Dec. Bal. Depr.	Salvage /Basis -Reductn	Depr. Basis	Prior Depr	Wethod	- 		09:16AM Current
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		6/28/00		1,55	9						1,556					

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	7/20/11							VIEN I								91-	91-1818166
	ج •							Prior									09:16AM
	-NoDescription	Date 	Date	Cost/ E Basis	Bus. 1	Cur 179 Bonus	Special Depr Allow	179/ Bonus/ Cn. Door	Prior Dec. Bal.	Salvage /Basis	Depr.		Prior			÷	
	28 SURGE PROTECTOR	7/12/00	1/01/10	100	1	1	Minu		Lepr.				Depr	Method	Life_R	Rate	Current Depr
	29 SOFTWARE	9/22/00	1/01/10	120								321	321	S/L HY	, S		
	30 OFFICE EQUIPMENT	10/10/2	1/01/10	1 223								384	384	S/L	ŝ		, c
		10/10/2	1/01/10	627								1,223	1,223	YL HY	£		0
	34 HP SCANNER	7/11/02	1/01/10	100								627	627	S/L HY	£		0
		9/19/02	1/01/10	113								100	100	200DB HY	Ŀ		0
	37 CELL PHONE	11/25/02	1/01/10	107								113	. 113	200DB HY	7		0
	41 COMPUTER	7/01/03	1/01/10	1.500								107	107	200DB HY	5		0
	42 COMPUTER EQUIPMENT	2/10/2	01/10/1	2,063								1,500	1,500	S/L HY	5		0
2	43 PHONE SYSTEM	7/25/00	1/01/10	1.062								2,063	2,063	XH 1/S	5		0
	 44 CONFERENCE PHONE 	12/19/02	01/10/1	200								1,062	1,062	S/L HY	7		0
	45 LAPTOP COMPUTER - JESS	8/08/05		2 231								200	200	200DB HY	5		0
	46 PRINTER	12/12/05		3.858								2,231	2,074	200DB MQ	5.0	.07060	157
	47 COMPUTER EQUIPMENT	1/01/06	1/01/10	1,165								3,858	3,489	200DB MQ	5.0	.09580	369
	48 COMPUTER EQUIPMENT	7/24/08		1.967								1,165	964	200DB HY	5.1	.11520	67
	50 LAPTOP COMPUTER	3/26/09		2,503								1,967	1,022	200DB HY	5.1	.19200	378
	51 COMPUTER FOR EM	8/24/10		1,276								2,503	501	200DB HY	5	.32000	801
					ļ							1,276		200DB HY	5 7	.2000	255
	roal OFFICE EQUIPMENT			73,912	• •	0	0	0		0 0		73,912	68,406				2,027
	Total Depreciation		. "	198,269		0	0	0				198,269	90,652				A 295
	Grand Total Depreciation		I	198,269		0	. 6	c									coct.
						·						198,269	90,652				4,385
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	Uctur Kernalihing Assets		н	143,880		0	0	0		0 0		143,880	37,020			ļ	4,318

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