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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)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury

4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 To Total gross unrelated business revenue from Part VIII, column (C), line 12 7 To Total gross unrelated business revenue from Part VIII, column (C), line 12 7 To Total gross unrelated business revenue from Part VIII, sine 1 in 10 to		D Employe	r Identification Number
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9 Program service revenue (Part VIII, Ine 2g) 10 Investment-income (Part VIII, Column (A), Ine 2g) 11 Other revenue (Part VIII, Column (A), Ine 2g) 12 Total revenue (Part VIII, Column (A), Ine 12) 13 Grants and Smillar abdums Paid (Part IX Exclumn (A), Ine 12) 14 Benefits paid floor for members (Part IX, column (A), Ine 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), Ine 5-10) 16a Professional fundraising expenses (Part IX, column (A), Ine 11e) 17 Other expenses (Part IX, column (A), Ine 25) 18 Total fundraising expenses (Part IX, column (A), Ine 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, Ine 26) 10 Total liabilities (Part X, Ine 26) 11 Total liabilities (Part X, Ine 26) 12 Total liabilities (Part X, Ine 26) 13 Signature Block 14 Date 15 Signature Block 16 Professional fundraising expenses (Part IX, column (A), Ine 25) 16 Part II 17 Other expenses (Part IX, column (B), Ine 25) 18 Total sexpenses (Part IX, column (B), Ine 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total liabilities (Part X, Ine 26) 10 Total liabilities (Part X, Ine 26) 11 Total liabilities (Part X, Ine 26) 12 Total liabilities (Part X, Ine 26) 13 Signature Block 15 Signature Block 16 Professional fundraising expenses (Part IX, column (A), Ine 25) 15 Signature Block 17 Total fundraising expenses (Part IX, column (B), Ine 25) 16 Part II 18 Signature Block 18 Total expenses (Part IX, Ine 26) 19 Total liabilities (Part X, Ine 26) 10 Total liabilities (Part X, Ine 26) 10 Total liabilities (Part X, Ine 26) 11 Total liabilities (Part X, Ine 26) 12 Total liabilities (Part X, Ine 26) 13 Total liabilities (Part X, Ine 26) 14 Total liabilities (Part X, Ine 26) 15 Total liabilities (Part X, Ine 26) 16 Total liabilities (Part X, Ine 26) 17 Total liabilities (Part X, Ine 26) 18 Total liabilities (Part X, Ine 26) 19 Total liabilities (Part X, Ine 26) 10			
12 Total revenue — add lines 8 thropfold 11 (ontaring (A), lines 1) 12	8 Contributions and grants (Part VIII, line_th)		
12 Total revenue — add lines 8 thropfold 11 (ontaring (A), lines 1) 12	9 Program service revenue (Part VIH, line 2g)		
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12 Total revenue— and times 8 (rispting) in (right equal Part VIII, column (A), lines 1-3) 13 Grants and Similar albumits paid (Part IX 20 lumn (A), lines 1-3) 14 Benefits paid for for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, etraployee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Part II Signature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signature block 25 Signature block 26 Part IX Signature Block 27 Part II Signature Block 28 Preparer's ginetity of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signature block 28 Part II Signature Block 29 Preparer's ginetity of perjury of general giner than officer) is based on all information of which preparer has any knowledge 20 Part II Signature Block 21 Total high first property of perjury of general statements, and to the best of my knowledge and belief, it is Signature block of swinch preparer has any knowledge 21 Preparer's gientifying number (see instructions) 22 Preparer's gientifying number (see instructions) 23 Preparer's gientifying number (see instructions) 24 Preparer's gientifying number (see instructions)	Ti Other revenue (Part VIII, Column (A), lines 15, 6d, 8c, 9c, 10c, and 11e)		
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 188,170. 205,510. 16a Professional fundraising fees (Part IX, column (A), line 11e) 25,000. 50,000. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 212,628. 149,054. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 554,033. 511,739. 19 Revenue less expenses. Subtract line 18 from line 12 -194,176. 330,537. 20 Total assets (Part X, line 16) 272,054. 259,770. 21 Total liabilities (Part X, line 26) 272,054. 259,770. 22 Net assets or fund balances Subtract line 21 from line 20 892,589. 1,223,126. Part II Signature Block	13 Grants and Similar abdounts paid (Part IX Deblumn (A), lines 1-3)	128,23	35. 107,175.
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19 Revenue less expenses. Subtract line 18 from line 12 -194,176. 330,537.	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
Beginning of Year End of Year 20 Total assets (Part X, line 16))		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) Visual Complete Declaration of the preparer has any knowled	19 Revenue less expenses. Subtract line 18 from line 12	-194,1	<u>76.</u> <u>330,537.</u>
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) Visual Complete Declaration of the preparer has any knowled		Beginning of Ye	ear End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) Visual Complete Declaration of the preparer has any knowled	20 Total assets (Part X, line 16)	1,164,64	43. 1,482,896.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is Visual Complete Declaration of preparer (other than officer) Visual Complete Declaration of the preparer has any knowled	בַּבֶּׁ 21 Total liabilities (Part X, line 26)	272,09	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature Date TREASURER	22 Net assets or fund balances. Subtract line 21 from line 20	892 58	
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Table TREASURER		1 032,30	1,223,120.
Sign Here Signature of officer Date			
Paid Preparer's signature or BARBARA L. JICHA, C.P.A. Date Date TREASURER TREASURER	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer	rer has any knowledge	my knowledge and belief, it is
Paid Preparer's signature or BARBARA L. JICHA, C.P.A. Date Date TREASURER TREASURER	Sign Sign	1 7/	20 (10)
Paid Preparer's signature Prignature Firm's name (or BARBARA L. JICHA, C.P.A. TREASURER Date Check if self-employed Signature Proparer's Identifying number (see instructions) Proparer's	Here Signature of officer	Date 7/4	26/10
Paid Preparer's signature Prim's name (or BARBARA L. JICHA, C.P.A.		,	·
Paid Preparer's signature Proparer's Firm's name (or BARBARA L. JICHA, C.P.A.		TREASURER	
Preparer's signature Preparer's signature Proparer's Firm's name (or BARBARA L. JICHA, C.P.A.		· · · -	16
Pre- parer's Firm's name (or BARBARA L. JICHA, C.P.A.	1	colf	(see instructions)
parer's Firm's name (or BARBARA L. JUCHA, C.P.A.	Property Preparer's	employed ►	<u> </u>
Firm's name (or BARBARA L. JICHA, C.P.A.	narer's		P00044289
USP livered said	I Firm's name (or DARDARA L. JILCHA, C.P.A.		
Only (employed), ► P.O. BOX 584	Only (employed), P.O. BOX 584	EIN ► 20	0-2062704
address, and ZIP + 4 AUBURN, CA 95604 Phone no ► (530) 887-0609	AUBURN, CA 95604		
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		<u> </u>	
	BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	TEEA0113L	

Form	990 (2009) PLACER COMMUNITY FOUNDATION	20-1485011	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission	·	
•	THE FOUNDATION'S MISSION IS TO ENCOURAGE PHILANTHROPY FOR THE BETT	TERMENT OF	
	COMMUNITIES IN PLACER COUNTY.		- <i>-</i>
	COMMUNITIES IN FLACER COUNTY.		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	
	Form 990 or 990-EZ? .	Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
3	If 'Yes,' describe these changes on Schedule O.	Ivices.	110
_	, and the second se		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are	es by expenses. Section	1 501(c)(3)
	expenses, and revenue, if any, for each program service reported.	id allocations to others	, the total
4 a		Revenue \$)
	WORKED TO FACILITATE AND DEVELOP PHILANTHROPY AND TO TAKE ACTIONS	TO BENEFIT THE	
	COMMINITY PRIMARILY IN PLACER COUNTY		
	COMPONELL LATERALITY IN LINCOLN COUNTY.		
		. 	
			
		· 	
4 6	(Code (Expenses \$ 107,175. including grants of \$) (F	Revenue \$	`
71.	PROVIDED GRANTS TO PROMOTE THE ARTS TO AND ENHANCE THE ADMINISTRAT		
		ITAE OPEKATION	<u> </u>
	VARIOUS NONPROFIT ORGANIZATIONS IN PLACER COUNTY.		
		. 	
4 c		Revenue \$)
	COORDINATED THE EFFORTS OF VARIOUS GOVERNMENTAL AND NONPROFIT ORGA		CATED
	TO PROVIDING EFFICIENT SERVICES TO CHILDREN AND FAMILIES IN PLACES	R_COUNTY.	
		·	- <i>-</i>
		- 	
			
		. 	
	Other greene convers (December of Calculus O.)	· · · · · · · · · · · · · · · · · · ·	
4 d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 280,801.		

Form 990 (2009) PLACER COMMUNITY FOUNDATION 20-1485011 Page 3 Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A X 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 4 Х 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 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 6 X 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 8 X 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 Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • 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 169 If 'Yes,' complete Schedule D, Part IX

	● Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	 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? If'Yes,' complete Schedule D, Part X 		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	

Schedule D, Parts XI, XII, and XIII 12AWas the organization included in consolidated, independent audited financial statement for the tax

Yes year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? **b** 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? *If 'Yes,' complete Schedule F, Part I*

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? If 'Yes,' complete Schedule F, Part II

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? If 'Yes,' complete Schedule F, Part III

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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X

Х

X

X

X

Х

Х

X

Х

No

13

14a

14b

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Form 990 (2009) PLACER COMMUNITY FOUNDATION

Part IV | 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? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
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 complete Schedule K. If 'No,'go to line 25	24a		X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
1	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	·	
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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 Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member)			
29	was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	:	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	

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Form **990** (2009)

. ~	otatements regarding other into rinings and rax compliance			
_			Yes	No
	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		İ	
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	_
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 3			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		_X
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	b If 'Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		_
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
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 partly for goods and services provided to the payor?	7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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 excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders.			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Section A.	Governing Body and Management								
				Yes	No				
1 a Enter t	ne number of voting members of the governing body	1a 12			l				
b Enter the number of voting members that are independent 1b 12									
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?									
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4 Did the organization make any significant changes to its organizational documents									
since the prior Form 990 was filed?									
5 Did the organization become aware during the year of a material diversion of the organization's assets?									
6 Does the organization have members or stockholders?									
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
•	v decisions of the governing body subject to approval by members, stockholders, or c	other persons?	7a 7b		X				
8 Did the the follo	organization contemporaneously document the meetings held or written actions undowing.	ertaken during the year by							
a The go	verning body?		8a	х					
•	ommittee with authority to act on behalf of the governing body?		8b	X					
9 Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca ation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	9	''	X				
	Policies (This Section B requests information about policies not	required by the Internal							
Revenue Cod	·	required by the internal							
nevenue co	(C)			V	NI-				
10 a Does th	e organization have local chapters, branches, or affiliates?		10-	Yes	No X				
	, , , , , , , , , , , , , , , , , , , ,		10 a						
and bra	does the organization have written policies and procedures governing the activities inches to ensure their operations are consistent with those of the organization?		10 b		_				
	organization provided a copy of this Form 990 to all members of its governing body	_	11	Х	<u> </u>				
	e in Schedule O the process, if any, used by the organization to review this Form 99	o SEE SCHEDULE O							
	e organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х					
b Are offi to conf	cers, directors or trustees, and key employees required to disclose annually interests icts?	s that could give rise	12b	х					
c Does th <i>Schedu</i>	e organization regularly and consistently monitor and enforce compliance with the pile O how this is done SEE SCHEDULE Q	olicy? If 'Yes,' describe in	12 c	Х					
13 Does th	e organization have a written whistleblower policy?		13	Х					
14 Does th	e organization have a written document retention and destruction policy?		14	X					
15 Did the persons	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?							
a The org	anization's CEO, Executive Director, or top management official		15a	Х	l				
b Other o	fficers of key employees of the organization .		15b		X				
If 'Yes'	to line 15a or 15b, describe the process in Schedule O (See instructions)								
16a Did the entity d	organization invest in, contribute assets to, or participate in a joint venture or simila uring the year?	r arrangement with a taxable	16a		Х				
ın joint	has the organization adopted a written policy or procedure requiring the organizatio venture arrangements under applicable federal tax law, and taken steps to safeguard with respect to such arrangements?	n to evaluate its participation d the organization's exempt							
Section C.		<u></u>	100						
	states with which a copy of this Form 990 is required to be filed > CA								
18 Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a on. Indicate how you make these available. Check all that apply		– – - ⁄aılabl	e for p	– – – oublic				
	n website Another's website Upon request								
19 Describ	e in Schedule O whether (and if so, how) the organization makes its governing docu- ents available to the public SEE SCHEDULE O	ments, conflict of interest poli	cy, ar	ıd fına	incial				
20 State th	ne name, physical address, and telephone number of the person who possesses the NICA BLAKE P.O. BOX 9207 AUBURN CA 95604 (530) 885-4	books and records of the orga							
7.220				. – – -					

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Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- 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

Ch	eck this box if the organization did no	t compen	sate a	ıny (curre	ent :	officer	, dır	ector, or trustee		
	(A)	(B)				c)			(D)	(E)	(F)
	Name and Title	Average hours		_			that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
		per week	Individual trustee or director	Institutional trusi	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
			recto	L Lio	ğ	em p	est c	ner	(11 21 1033 111100)	(11 10 10 33 - 11 11 10 0)	organization and related
			1 E	<u>ਬ</u>		loye) min			1	organizations
			stee	rustee		"	ens:				
				ň			Ē				
	BIRKHOLZ										
	SURER	5	Х		Х				0.	0.	0.
RUTH	BURGESS										
DIRE	CTOR	1	Х						0.	0.	0.
PAM	CONSTANTINO										
DIRE	CTOR	1	Х						0.	0.	0.
JACK	BRINER										
DIRE	CTOR	1	Х						0.	0.	0.
JANI	CE FORBES										
CHAI		5	Х		Х				0.	0.	0.
MARY	ANN HAMILTON										
	ETARY	1	Х		Х				0.	0.	0.
J. R	ICHARD COUZENS										
DIRE	CTOR	1	Х						0.	0.	0.
TOM	PROPP										
DIRE	CTOR	1	Х						0.	0.	0.
	Y_RICHARDSON										
2ND	VICE PRESID	_ 1	Х		Х				0.	0.	0.
	ROUMAGE										
DIRE	CTOR	1	X						0.	0.	0.
	H SPARKS										
1ST	VICE CHAIR	1	X		X				0.	0.	0.
H. R	AY_YAMASAKI	_									
DIRE		5	X						0.	0.	0.
VERO	NICA BLAKE					_					
CEO		30				X			102,635.	0.	0.
	· · · · · · · · · · · · · · · · · · ·										

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	En	ıplo	уе	es,	and	d Highest Con	pensated Emp	loyees (d	cont.)
(A)	(B)				c)			(D)	(E)	(F)	
Name and Title	Average hours			checi	c all t	hat ap		Reportable	Reportable	Estima	
	per week	or d	Insti	Officer	Fey	emg High	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount o compens from	sation
		rect	tuto	ě	ещ	nest o	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organiz and re	ation
		2 5	nalt		employee	e Sign				organiza	
	per week	stee	nstitutional trustee		"	Highest compensa					
			ñ			ted					
			<u> </u>	ļ —	-	\vdash					
			-		├	\vdash					
						Ш					
			<u> </u>		<u> </u>						
			_								
						H					
	<u> </u>				<u> </u>		_				
1 b Total	L			<u> </u>	L	L	<u> </u>	100 625			
	d to the	so li	ctoo	l ob	a	, ada		102,635.	0.	. .	0.
 Total number of individuals (including but not limite from the organization 1 	a to the	se II	Stet	abe	ove,	WIR	o re	ceived more than	\$100,000 in report	able compe	ensation
nom the organization										Y	es No
3 Did the organization list any former officer, director					. 1						,3 110
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndividua	ee, il	кеу	emp	эюу	ee, c	or m	ignest compensat	ea employee	3	Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable	cor	npe	nsa	tion	and	oth	er compensation	from		
the organization and related organizations greater t	han \$15	0,00	007	If 'Y	'es'	com	plet	e Schedule J for :	such	4	X
5 Did any person listed on line 1a receive or accrue of		_4	e		•		. 1 – 4 –	.d		-	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	hedule J	l for	SUC	h pe	ariy e <i>rso</i>	unre n	erate	o organization for	services	5	X
Section B. Independent Contractors						_					
1 Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more t	nan \$100,000 of		
										-	
(A) Name and business addres	۹.							Description of	of Services	(C) Compensa	tion
dia basiness dudies		_						2000.100011		Joinpense	
2 Total number of independent contractors (including		lımı	ted	to th	nose	liste	ed a	above) who receiv	ed more than		
\$100,000 in compensation from the organization	0										

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns 1a				
N¥	b Membership dues 1b				
S,G	c Fundraising events 1c				
GIFT.	d Related organizations.				1
SIS, C	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 473, 938.				
NO	g Noncash contribns included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f	473,938.		·	
PROGRAM SERVICE REVENUE	2a ADMINISTRATION FEE	76 077	76 077		
Ĕ	b SUPPORTING FEES	76,977.	76,977.		<u> </u>
CE	c DUES	48,295. 45,975.	48,295. 45,975.		
FR	d PROGRAM FEES	28,337.	28,337.		
S E	u i Rodicam i EES	20,331.	20,331.		
GRA	f All other program service revenue				
Š	g Total. Add lines 2a-2f	199,584.			<u> </u>
	3 Investment income (including dividends, interest and	155,504.			····
	other similar amounts)	168,754.			168,754.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties ▶				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less, cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
ENDE	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c).				
OTHER REV	See Part IV, line 18				
Ĕ	b Less direct expenses b				
Ü	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				<u> </u>
	b				ļ
	d All other revenue				
	d All other revenue		· · · · · · · · · · · · · · · · · · ·		
	C Fotal Fide III C S FIA FIG	042 276	100 504		160 754
	12 Total revenue. See instructions	842,276.	199,584.	0.	168,754.

Part IX Statement of Functional Expenses

Part IX Statement of Functional Expens				
Section 501(c)(3 All other organizations must com	3) and 501(c)(4) organiz			-d (D)
All other organizations must com	i			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	107,175.	107,175.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	,			
3 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			-	<u> </u>
5 Compensation of current officers, directors, trustees, and key employees	102,635.	32,843.	25,659.	44,133.
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	60,107.	27,372.	16,654.	16,081.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,917.	4,629.	3,521.	4,767.
9 Other employee benefits	16,897.	6,252.	4,393.	6,252.
10 Payroll taxes	12,954.	4,793.	3,368.	4,793.
11 Fees for services (non-employees)				
a Management	55,387.	55,387.	-	
b Legal		, , , , , , , , , , , , , , , , , , ,	-	
c Accounting	21,414.	2,142.	19,272.	
d Lobbying .	,		,-:	
e Prof fundraising svcs See Part IV, In 17	50,000.			50,000.
f Investment management fees	7,336.	7,336.		0070001
g Other		. , , , , , , , ,	-	
12 Advertising and promotion				
13 Office expenses.	7,615.	3,726.	1,605.	2,284.
14 Information technology	10,980.	7,345.	3,635.	
15 Royalties		.,, -, -, -, -, -, -, -, -, -, -, -, -, -		
16 Occupancy	3,854.	1,426.	1,002.	1,426.
17 Travel	0,9911	27.201		1,120.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,690.	5,026.	2,274.	3,390.
20 Interest			• • • • • • • • • • • • • • • • • • • •	
21 Payments to affiliates			7.0.	
22 Depreciation, depletion, and amortization	4,680.	1,833.	1,175.	1,672.
23 Insurance	1,903.	· · · · · · · · · · · · · · · · · · ·	1,903.	<u> </u>
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING AND PUBLICATIONS	12,003.	6,275.	2,864.	2,864.
b STAFF DEVELOPMENT	4,400.	4,400.	2,001.	2,004.
c ASSET DEVELOPMENT	3,919.	2,100.		3,919.
d BOARD DEVELOPMENT	1,749.	1,749.		
e POSTAGE AND SHIPPING	1,561.	227.	445.	889.
f All other expenses	1,563.	865.	344.	354.
25 Total functional expenses. Add lines 1 through 24f	511,739.	280,801.	88,114.	142,824.
26 Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	311,133.	200,001.	30,117.	142,024.
BAA	, <u></u>	· · · · · · · · · · · · · · · · · · ·		Form 990 (2009)

Part X Balance Sheet (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 38,884 1 53,699. 2 Savings and temporary cash investments 2 97,257. 282,424 3 Pledges and grants receivable, net 3 16,050. 145,519 218,635. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 2,721. Prepaid expenses and deferred charges 2,548 9 10a Land, buildings, and equipment cost or other basis. 10a 26,278. Complete Part VI of Schedule D **b** Less accumulated depreciation. 10b 20,914 10,044 5,364. 10 c 1,041,678. 11 Investments - publicly-traded securities 649,606. 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 35,618 47,492. Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,164,643. 1,482,896. 16 17 Accounts payable and accrued expenses 25,387. 17 23,530. 18 Grants payable 18 19 Deferred revenue 245,897 19 236,240. 20 Tax-exempt bond liabilities. 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 22 770. 23 Secured mortgages and notes payable to unrelated third parties. 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 272,054 259,770. 26 Organizations that follow SFAS 117, check here ► |X| and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets <u>-63</u>,409. 27 138,753. 28 Temporarily restricted net assets 127,210. 28 105,110. Permanently restricted net assets 828,788. 979,263. 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 1,223,126. Total net assets or fund balances 892,589 33

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34

Total liabilities and net assets/fund balances.

1,482,896. Form **990** (2009)

1,164,643.

34

Form 990 (2009)• I	PLACER	COMMUNITY	FOUNDATION
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20-1485011

Page 12

Pa	rt XI Financial Statements and Reporting			-g
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ı	b Were the organization's financial statements audited by an independent accountant?	2b	X	
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	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 issued on a consolidated basis, separate basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis	1		
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

PLA	CER COMMUNITY I	FOUNDATION						20-14	485011	l			
Part	I Reason for Pu	blic Charity Statu	is (All organizations	must o	comple	te this	part.)	See ı	nstruct	ions			
The o	rganization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check o	nly one	box)						
1	A church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)						
2	A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule	E.)									
3	A hospital or coope	erative hospital servic	e organization described	ın secti	on 170(b)(1)(A)(iii).						
4	A medical research	n organization operate	ed in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	s	
_	name, city, and sta												
5	170(b)(1)(A)(iv). (Complete Part II)												
6 7													
8													
9													
10	An organization org	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	1 509(a)	(4).					
11	more publicly supp	orted organizations of	exclusively for the bene described in section 509(zation and complete line	a)(1) or	section.	509(a)(2	ctions o 2) See	of, or ca section	rry out ti 509(a)(3	he purpose). Check t	s of o	ne or k that	
	 a	b Type II	c Type II	I – Fund	ctionally	ıntegrat	ted		d 🗍	Type III-	Other	r	
е	By checking this both than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not control in one or more publicly s	led dired upported	tly or in d organi	directly zations	by one describe	or more ed in sec	disqual ction 509	ified perso (a)(1) or s	ns oth ection	ner	
f													
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	,7			
											Yes	No	
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	d ın (ıı) a	and (III)	11 g (i)			
	(ii) a famıly mem	ber of a person desc	cribed in (i) above?							11 g (ii)			
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)	<u> </u>		
h	Provide the following	ng information about t	the supported organization	ons.									
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the non in cold in your rining ment?		ization in	organizat	s the ion in col zed in the S ?	(vii) Amour	it of Sup	port	
				Yes	No	Yes	No	Yes	No				
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Total													

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

	dule A (Form 990 or 990-EZ) 200					20-1485011	
Par	t II Support Schedule for	•		-	b)(1)(A)(iv) and	d 170(b)(1)(A)((vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1)		·	
Sec	tion A. Public Support	· · ·	·				
begiı	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	179,804.	405,496.	577,541.	510,835.	519,913.	2,193,589.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				_		0.
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.						0.
4	Total. Add lines 1-through 3	179,804.	405,496.	577,541.	510,835.	519,913.	2,193,589.
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)						1,286,479.
6	Public support. Subtract line 5 from line 4						907,110.
Sec	tion B. Total Support						
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	179,804.	405,496.	577,541.	510,835.	519,913.	2,193,589.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.	1,016.	8,784.	37,263.	50,774.	48,833.	146,670.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10						2,340,259.
12	Gross receipts from related activ	ıtıes, etc (see ins	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	or fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	` '	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14	38.8%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	0.0%
16 a	33-1/3 support test – 2009. If th and stop here. The organization	e organization did qualifies as a pub	not check the booklicly supported or	on line 13, and ganization.	I the line 14 is 33-	1/3 % or more, c	heck this box ► X
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization	a, and line 15 is 33	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organization	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part rted organization	IV how the ►
BAA		ization did flot che	on a box on line,	13, 104, 100, 1/2			90 or 990-EZ) 2009

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) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule_A	(Form 990 c	or' 990-E	EZ) 2009	PL	ACER	COMMU	NITY	FOUN	DATI	ON	20-1485011	Page 4
Part IV	Suppleme	ental I	nformat	tion.	Comp	lete th	ıs par	t to pr	ovide	the	explanations required by Part II, line 1	0;
	Part II, Iir	ne 17a	or 17b;	and	Part [°]	III, line	12. P	rovide	any	othe	explanations required by Part II, line 1 er additional information. See instruction	ns.
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

PL	ACER COMMUNITY FOUNDATION			20-1485011	
Pai	rt Organizations Maintaining Dono	r Advised Funds or Other Similar Fi	inds or Acc		- ıf
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	ands of Acc	Junes Complete	, 11
		(a) Donor advised funds	(b) I	Funds and other acc	counts
1	Total number at end of year		6		
2	Aggregate contributions to (during year)	7,000			
3	Aggregate grants from (during year)	10,000			
4	Aggregate value at end of year	65,163			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	XYes	□ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor advisor or t	unds may be for any other	X Yes	No
Par	rt II Conservation Easements Comple		s' to Form 9		<u> </u>
	Purpose(s) of conservation easements held by		s to Folli 9	90, Fait IV, line	7
•	Preservation of land for public use (e.g., r		n of an historia	cally important land	aroa
	Protection of natural habitat	——————————————————————————————————————		ustoric structure	area
	Preservation of open space	r reservatio	ii oi certinea ii	istoric structure	
2		on held a qualified conservation contribution	in the form of	a conservation easy	amont on the
-	last day of the tax year.		in the form of	a conservation ease	ement on the
				Held at the End of	f the Year
ā	Total number of conservation easements		2 a		
t	Total acreage restricted by conservation ease	ments	2 b		
C	Number of conservation easements on a certif	fied historic structure included in (a)	2 c		
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or termi	nated by the or	rganization during th	ne tax
	year ►				
4	Number of states where property subject to co	nservation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, in tit holds?	handling of vio	olations, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring the year ►	ng, inspecting, and enforcing conservation ea	asements		_
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conservation easem	ents \$ _		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section	Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	s conservation easements in its revenue and export the organization's financial statements that	ense statement t describes the	t, and balance sheet, e organization's acco	and ounting for
Par	t III Organizations Maintaining Colle	ctions of Art. Historical Treasures	or Other Sir	nilar Assets	
	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, Iin	e 8.		
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in further	ement and bala erance of publi	ance sheet works of c service, provide, ii	art, historical n Part XIV,
b	 If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items 	SFAS 116, to report in its revenue statement in exhibition, education, or research in further	nt and balance erance of publi	sheet works of art, c service, provide th	historical ne following
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
	(ii) Assets included in Form 990, Part X			►\$ ►\$	-
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar asset 116 relating to these items:	s for financial		
а	Revenues included in Form 990, Part VIII, line	1 .		► \$	
b	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 PLACE				20-14		Page 2
Part III Organizations Maintai						
3 Using the organization's acquisition items (check all that apply).	on accession and oth	ner records, check an	y of the following	that are a significant i	use of its col	lection
a Public exhibition		d Loan or ex	change programs			
b Scholarly research		e Other				
c Preservation for future genera						
4 Provide a description of the organ Part XIV					ose in	
5 During the year, did the organizat assets to be sold to raise funds ra					Yes	No _
Part IV Escrow and Custodial 9, or reported an amou	Arrangements (unt on Form 990,	Complete if organ Part X, line 21.	iization answe	red 'Yes' to Form	990, Part	IV, line
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodian, or oth	ner intermediary for o	ontributions or ot	her assets not	Yes	□No
b If 'Yes,' explain the arrangement	in Part XIV and com	plete the following ta	ble:			
					Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an ar	mount on Form 990,	Part X, line 21?.			Yes	No
b If 'Yes,' explain the arrangement	in Part XIV					
Part V Endowment Funds Cor	nplete if organiza	ation answered '\	es' to Form 9	90, Part IV, line 10).	
	(a) Current year	(b) Prior year	(c) Two years bad			r years back
1 a Beginning of year balance	828,788.	822,584.				,
b Contributions	150,475.	6,204.				
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	979,263.	828,788.				,
2 Provide the estimated percentage	of the year end bala	ance held as	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
a Board designated or quasi-endow		*				
b Permanent endowment ►	%					
c Term endowment ►	8					
3a Are there endowment funds not in organization by	the possession of t	he organization that	are held and adm	ınıstered for the	[v	es No
(i) unrelated organizations					3a(i)	X
(ii) related organizations					3a(ii)	$\frac{\lambda}{X}$
b If 'Yes' to 3a(II), are the related of	rganizations listed as	s required on Schedu	le R?		3b	- ^
4 Describe in Part XIV the intended	=	•			30	
Part VI Investments—Land, Bu				line 10		
Description of investment	(a) Cost	or other basis (b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Boo	k Value

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

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

(c) Accumulated Depreciation

(d) Book Value

1, 580.

2, 075.

495.

1, 580.

3, 784.

BAA

Schedule **D** (Form 990) 2009

Part VII	Investments—Other Securities See	Form 990, Part X, line	e 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial o	derivatives .			
Closely-he	eld equity interests			
Other				
				
=====				
Total. (Colu	mn (b) must equal Form 990 Part X, col. (B) line 12.)	<u> </u>	10)	
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
			<u> </u>	
				
				
Total. (Colur	mn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part X	, line 15) N/A		
	(a) [Description		(b) Book value
		 		
				
			-	
				
Total (Co	olumn (b) must equal Form 990, Part X, col (B),	line 15)		<u>.</u>
Part X	Other Liabilities (See Form 990, Part X, cor (8),	t X line 25)	<u> </u>	
<u>r art x</u>	(a) Description of Liability	(b) Amount		· · · · · · · · · · · · · · · · · · ·
Federal In	come Taxes	(b) / arrount		
			\neg	
	nn (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 F	Footnote In Part XIV, provide the text of the fo	otnote to the organization's	s financial statements that reports the	organization's liability

Schedule D (Form 990) 2009 PLACER COMMUNITY FOUNDATION

20-1485011

Page 3

Sche	dule D (Form 990) 2009 PLACER COMMUNITY FOUNDATION	20-1485011	Page 4
'Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem	nents N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses .		
7	Prior period adjustments.		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
_10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		, _
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return N/A	
1	Total revenue, gains, and other support per audited financial statements .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants.		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		Δ
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities Prior year adjustments 2a 2b		
	· · · · · · · · · · · · · · · · · · ·		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b	———	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
Par	XIV Supplemental Information		
Comp line 4 inforn	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 b, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple nation.	4, Part IV, lines 1b and : ete this part to provide a	2b, Part V, ny additional
	·		
	·	·	
		<u>-</u> -	

Schedule D	(Form 990) 2009	PLACER COMMUNI	TY FOUNDATION	NC	_	_20-1485011	Page 5
Part XIV	Supplemental	Information (conti	nued)				
		- -					
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SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

PLACER COMMUNITY FOUNDATION

20-1485011

SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ADMINISTRATION FEES SUPPORT FEES

\$ -76,977. -48,295. TOTAL \$ -125,272.

SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ADMINISTRATION FEES SUPPORT FEES

\$ 76,977. 48,295. TOTAL \$ 125,272.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-1485011 PLACER COMMUNITY FOUNDATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser (i) Name of individual (ii) Activity (iv) Gross receipts (or retained by) (vi) Amount paid to or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained by) of contributions? organization col (ı) Yes **FUND** MILLENIUM ADVANTAGE RAISER Х 8,925 50,000 0. 8,925. 0. Total 50,000 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990	of 990.E71 2009	PLACER	COMMITMETTY	FOUNDATION
Scriedule G (טפפ ווזוטה,	01 330-62) 2003	LUNCER	COMMONTIL	LOUNDALION

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Page 2

Par	t	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, I	ne 18, o	r \$5.00	<u>age 2</u> 20
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tot (Add col	al Ever	nts
REVENUE	1	Gross receipts						
Ē	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
_	5	Noncash prizes						
D R E	6	Rent/facility costs						
R E C T	7	Food and beverages						
E X P	8	Entertainment						
EXPERSES	9	Other direct expenses			· · · · · · · · · · · · · · · · · · ·			
S		Direct expense summary. Add lines 4- t Net income summary Combine lines 3, 6	• , ,		-			
Par	t III	Gaming. Complete if the organizes \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or re	ported m	ore th	ian
REVEZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tot (Add col co	al gamı (a) thr	ng ough
E E	1	Gross revenue						
E D X I P	2	Cash prizes						
DIRECT	3	Non-cash prizes						
Š	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	ļ		
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7 .	•			
9	Ente	er the state(s) in which the organization op	perates gaming activitie	s:			YES	NO
		e organization licensed to operate gamino o,' explain:	activities in each of th	ese states?		9:	a	
		e any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during the	e tax year?	10:	a	
					·			
		s the organization operate gaming activities		· 	· ·		-	-
12	Is th adm	e organization a grantor, beneficiary or tri inister charitable gaming?	ustee of a trust or a me	mber of a partnership o	or other entity formed to		200 57	

Schedule G (FORTI	990 or 990-E2) 2009 PLACER COMMONITY FOUNDATION	20-148501	т	Pa	age 🕉
•				YES	NO
13 Indicate the p	ercentage of gaming activity operated in	i			
a The organization	· · · · · · · · · · · · · · · · · · ·	13a %_			
b An outside fac	- L	13b %			
14 Enter the nam	ne and address of the person who prepares the organization's gaming/special even	ts books and records		l	
Name ►					
Address ▶					
_	inization have a contact with a third party from whom the organization receives gar	•	15a		
	the amount of gaming revenue received by the organization \$	and the amount			
	enue retained by the third party \$				
c If 'Yes,' enter	name and address of the third party.				
Nama ►					
Name					
Address ►					
-					
16 Gaming mana	ger information				
				1	
Name ►				l	
0				[
Gaming mana	ger compensation F \$				
Description of	services provided ►				
2000	services provided				
Director/of	fficer Employee Independent contractor				
17 Mandatory dis	tributions			ŀ	
a Is the organiza	ation required under state law to make charitable distributions from the gaming pro	ceeds to retain the			
state gaming I	license ⁷		17a		
	ount of distributions required under state law to be distributed to other exempt orga	nizations or spent in the			
organization's	own exempt activities during the tax year. • \$	Sahadula C (Fa 00)	000		
	TEEA3703L 02/05/10	Schedule G (Form 990	or 990	」-ヒム)。	2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2009

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Employer identification number		X Yes No	wered 'Yes' to Form nan \$5,000. Use	(g) Description of hypose of grant on assistance	ARTS	YOUTH	NPO TECHNICAL ASSISTANCE	SCHOLARSHIPS/ED UCATION	ARTS		A
Em		nt of the grants or assistance, the grantees' eligibility for the grants or assistance, and he use of grant funds in the United States SEE PART IV	e if the organization ans	(f) Method of valuation (g) Des (book, FMV, appraisal, non-cash other)							
		rantees' eligibility for the grant:	ed States. Complete	(e) Amount of non-cash assistance	.0	.0	0	0.	0.		
		nts or assistance, the g ant funds in the United	zations in the Unit	(d) Amount of cash grant	8,000.	10,000.	.000,7	14,300.	12,250		
	tance	he amount of the gra nce? nitoring the use of gr	nents and Organi received more th	(c) IRC section (d) Amou	501 (C) (3)	501 (C) (3)	501 (C) (3)		501 (C) (3)		organizations
2	rants and Assis	ds to substantiate the grants or assista procedures for mo	nce to Governm	(b) EIN							3) and government
Name of the organization DIACED COMMINITY FOIINDATION	Part General Information on Grants and Assistance	 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	1 (a) Name and address of organization or government (b) EIN (c) If	AUBURN PERFORMING ARTS CENTER P.O. BOX 7033	CA ASSOCIATION OF YOUTH COURTS - 971 NEWCASTLE ROAD STE7 NEWCASTLE, CA 95658	NONPROFIT RESOURCE CENTER 828 I STREET SACRAMENTO, CA 95814	PLACER UNION HIGH SCHOOL DIST	ROSEVILLE ARTS! 7501 FOOTHILL BLVD ROSEVILLE, CA 95747		2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

3 Enter total number of other organizations
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 20-1485011 (e) Method of valuation (book, FMV, appraisal, other) ALL GRANTS REQUESTS ARE REVIEWED BY THE GRANT COMMITTEE. RECOMMENDATIONS OF THE RECIPIENTS ARE REQUIRED TO SUBMIT WRITTEN REPORTS DOCUMENTING THE OUTCOMES OF GRANT COMMITTEE ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. GRANT (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED Use Part IV and Schedule I-1 (Form 990) if additional space is needed PROJECTS WHEN THE GRANT CONTRACT REQUIRES SPECIFIC ACTION (c) Amount of cash grant PLACER COMMUNITY FOUNDATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

BAA

Schedule I (Form 990) 2009

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 20-1485011 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 11A Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income 501 (C) (3) TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) $C_{\mathbf{A}}$ BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ORGANIZATION SUPPORTING (B)
Primary activity Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity FOUNDATION AUBURN_COMMUNITY_FOUNDATION PLACER COMMUNITY AUBURN, CA 95604 94-6093213 P.O. BOX 9207 Partl Part II

20-1485011

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34—because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009 PLACER COMMUNITY FOUNDATION Part III

	(H) (I) (J) Code V-UBI General or tronate amount in box managing.	Yes No (Form 1065) Yes No						
:al .)	Share of total income Share of end-of-year Share of assets a	<u> </u>						
because it flag of le of filore refated organizations treated as a partifición during the tax year.								
led as a partificion	Predominant income (related, unrelated, excluded	sections 512-514)						
allizationis trea	Legal Direct Controlling entry (5)							
מומובת חות		country)						
	(B) Primary Activity	Í						
חברמחשב וו וומח	(A) Name, address, and EIN of related organization		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i .			

Part IV Identification of Related Organizations Taxable a	Faxable as a Cored or constant of the cored or constant of the cored or cor	as a Corporation or Trust (Complete of the organization answizations treated as a corporation or trust during the tax year.)	ust (Complete	of the organizations in the contract of the co	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	ss' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct	(E) Type of entity (C corp, S corp, or trust)	Activity Legal domicile Direct Type of entity (C corp, S corp, country) (B) (C corp, S corp, country) (C) (C) (C) (C) (C) (C) (C) ((G) Share of end-of-year assets	(H) Percentage ownership
		_					
	Į.						
-T							

Schedule R (Form 990) (2009)

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20-1485011

Fart V I ransactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)	ine 34, 35, or 36.)			•
			Yes	٩
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV: a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	÷			×
b Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s) .		1 d		×
e Loans or loan guarantees by other organization(s)		1e		$ \times $
f Sale of assets to other organization(s)		-		×
g Purchase of assets from other organization(s)		-		×
h Exchange of assets		11		×
i Lease of facilities, equipment, or other assets to other organization(s)		;=		×
j Lease of facilities, equipment, or other assets from other organization(s)		;=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		1,4	×	
l Performance of services or membership or fundraising solicitations by other organization(s)		11		×
m Sharing of facilities, equipment, mailing lists, or other assets		E	×	
n Sharing of paid employees		-		×
o Reimbursement paid to other organization for expenses		0		×
p Reimbursement paid by other organization for expenses		10		$ \times $
				;
d Other transfer of cash or property to other organization(s)		5		× >
Totale idensity of cash of properly it of the above is "Yes," see the instrictions for information on who must complete this line including covered relationships and transaction thresholds	sardt mortpesagert bae :	- II		4
וו מוכ מוסחסת נס מון כן מוכ מססיב וס ובס, סכב מוכ ווסוומכווסווס וס	מות וומוואמרווטוו וווות	SDIOLOS		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	involve	- J
(1) AUBURN COMMUNITY FOUNDATION	×		125,272	272.
(2) AUBURN COMMUNITY FOUNDATION	×			900.
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 02/05/10	Schedu	Schedule R (Form 990) (2009)	2) (066	5009)

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20-1485011

[Part VI] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	irding exclusion for c	ertain investment pai	tnerships				,
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile	(D) Are all partners	(E) Share of end-of-year	(F) Dispropor-	(G) Code V-UBI amount	(H) General or
			section 501(c)(3) organizations?	assets	tionate allocations?	Schedule K-1 Form (1065)	managing partner?
			Yes No		Yes No		Yes No
							_
					_		
	-						
					_		
					-		
					,		
ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	n 990) (2009)

'SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

PLACER COMMUNITY FOUNDATION	Employer identification number 20-1485011
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
FORM 990 IS REVIEWED BY THE BOOKKEEPER, THE CHIEF EXECUTIVE O	FFICER AND THE BOARD
TREASURER_BEFORE IT IS FILED	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCE	MENT OF CONFLICTS
CONFLICT OF INTEREST DECLARATIONS ARE UPDATED ANNUALLY.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	AVAILABLE
AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FOUNDATION'S W	EB SITE (PLACER.CF.
ORG)	
	·
	

Schedule O (Form 990) 2009 Name of the organization	Employer identification number	Page 2
	20-1485011	
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