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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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

	For the	2009 calen	dar year,	or tax year beginning	7/01	, 2009, and endin	ng 6/3	<u>0</u> ,	2010
В	Check if a	applicable		C				D Employer Identif	ication Number
	Addr	ress change	Please use IRS label	SHASTA REGIONA	L COMMUNITY FO	UNDATION		68-02422	276
	Nam	e change	or print or type.	1335 ARBORETUM				E Telephone numb	
	H	al return	See specific	REDDING, CA 96				(530) 24	14-1210
	H		Instruc-				ŀ	(330) 24	14 1219
		nination	tions.					_	0.540.055
	Ame Ame	nded return						G Gross receipts \$	
	Appl	lication pending		and address of principal officer	KATHY ANDERSO	ON		group return for affili	ates? Yes X No
				AS C ABOVE				ffiliates included? ttach a list (see insti	Yes No
1_		exempt statu	us X 501	(c) (3) ◄ (insert	no.) 4947(a)(1) or 527	,	(400	
<u>J</u>	Webs	site: ► SH	IASTARC	F.ORG			H(c) Group e	kemption number	
K	Form o	f organization	X Corpora	ation Trust Associa	ation Other >	L Year of Format	tion: 2000	M State of le	gal domicile CA
Pe	rft []	Summa							
		riefly descri	be the or	ganization's mission or r	most significant activitie	es: THE SHAS	TA REGI	ONAL COMMI	INTTY
•	,	TTACINITO	ON EXT	STS_TO_BULLD_RE	SOURCES TO MEE	T NEEDS IN	ΔΤΡΔΗΡ	AND SISKI	VOU COUNTIES
Š				THROPY, EDUCATI			. ~	. ******	*4>- 54>T1 F### -
Activities & Governance		·Dayba.			ag ing incam	**************************************			
λ	2 0	heck this bo	ox ►	if the organization disco	ontinued its operations	or disposed of mo	ore than 25	% of its assets	
ŏ				bers of the governing b		or disposed or fire		. 3	14
අ රි				nt voting members of the		VI, line 1b)	·	4	13
€				yees (Part V, line 2a)	3 , ()			5	5
흦	6 T	otal number	r of volunt	eers (estimate if necess	sary) .			6	200
ĕ	7a ⊤	otal gross u	nrelated t	ousiness revenue from F	art-VIII-eolumn-(C), III	ne_12	•	7a	0.
	bΝ	let unrelated	d business	taxable income from F	orm 990-7 F166 541//F	D		7b	0.
							Pri	ior Year	Current Year
	8 C	Contributions	and gran	its (Part VIII, line 1h)	98 JAN 3 1 21	18		144,300.	1,885,720.
Revenue				ue (Part VIII, line 2g)	B JAN 3 1 21		<u> </u>	232,609.	200,956.
ě		-		art VIII, column (A), line	s 3 4-and-7d)			114,880.	103,459.
æ				III, column (A), lines 5,			`	-59,999.	-2,426.
				nes 8 through 11 (must			4	431,790.	2,187,709.
				ounts paid (Part IX, colu		, (, y,o , L)		790,806.	995,712.
				members (Part IX, colu			<u>-</u> -	730,000.	333,112.
		= -		nsation, employee benef		V Junea E 10V		262,063.	250 257
69						i), illies 5-10)		262,063.	259,257.
Expenses	16a P	rotessional	tundraisin	ig fees (Part IX, column	(A), line I le) .				
Š	bТ	otal fundrais	sing expe	nses (Part IX, column (I	D), line 25) ►	127,457.			
ш	17 C	ther expens	ses (Part l	X, column (A), lines 11a	a-11d, 11f-24f).	•		437,580.	384,284.
	18 T	otal expens	es Add Iı	nes 13-17 (must equal F	Part IX, column (A), line	e 25)	2,	490,449.	1,639,253.
	19 R	Revenue less	expense	s. Subtract line 18 from	line 12		1.	941,341.	548,456.
88								ning of Year	End of Year
Net Assats Fund Balanc	20 T	otal assets	(Part X li	ne 16)				858,233.	10,498,970.
Aee		otal liabilitie	•	•	•		<u> </u>	227,412.	190,176.
¥.5				•		• •	<u> </u>		· · · · · · · · · · · · · · · · · · ·
				ances. Subtract line 21 1	from line 20	-	<u> </u>	630,821.	10,308,794.
J. C	rd II		ure Bloc					· · · · · · · · · · · · · · · · · · ·	
		Under penaltie true, correct, a	es of perjury,	I declare that I have examined to Declaration of preparer (other	this return, including accompar than officer) is based on all inf	nying schedules and state	tements, and to	the best of my know	vledge and belief, it is .
		_ //. 0	11.	an Gadala	٠	omanon or man prope		1/ahl	
Sig		- W	12, U	in wairs	<i>5</i> ∼			1/25/11	
He	re	Signature	of officer				Date		
		KATH	Y (AMDEI	RSON			CEO		
		Type or p	rint name and	d title					
						Date		eck if Pre	parer's identifying number instructions)
Pa	id	O				JAN 2 0	2011 self	oloyed ►	
Pro	_	Preparer's signature	►++1	(00ls 1 <	aller.	VAN & U	2011		'A —
	rer's	Firm's name (or NYS	TROM & COMPANY	LLP, CPAS				
Us	_	yours if self-		6 COURT STREET		 	 	► N/A	Q
On	ıy	employed), address, and			1720)	EIN		\ 241_2515
		ZIP + 4		DING, CA 96001-			Pho	ne no ► (530	
_				with the preparer shown				•	X Yes No
BA	A For P	rnvacy Act	and Pape	rwork Reduction Act No	rice, see the separate	instructions.		TEEA0113L 12/29/0	9 Form 990 (2009)
									· /

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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_		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X
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		
6	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	Х	
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_		x
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	Х	
11	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	11	Х	
•	• 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 16? 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 16? 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	х	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional .			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	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	14b		<u> </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, Part II</i>	15		<u>X</u>
16	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	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	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	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20_		<u>X</u>

Form 990 (2009) SHASTA REGIONAL 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	X	
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? <i>If 'Yes,' complete Schedule J</i>	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.			X
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	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 24d		
		240		
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		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		<u> </u>
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		<u>X</u>
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		<u> </u>
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		<u>x</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	Х	

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Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable. 6 1 b 0 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 vendors and reportable gaming 1c X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5 c 6a 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 X provided to the payor? 7 a 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 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х 7 f 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 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? R 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 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders 11 a

BAA Form 990 (2009)

11 h

12a

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

amounts due or received from them.)

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.

Sec	tion A.	Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 1	4		
b	Enter the	number of voting members that are independent	1b 1	3	,	
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee? SEE SCHEDULE 0.	elationship with any other	2	Х	
3	Did the o	rganization delegate control over management duties customarily performed by or i s, directors or trustees, or key employees to a management company or other persi	under the direct supervision	3	х	
4		rganization make any significant changes to its organizational documents		4		X
	since the	prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	on's assets?	5		Х
6	Does the	organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may elect one or glody?	more members of the	7a		Х
b	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ing:	ertaken during the year by			
а	The gove	rning body?		8a	Х	
b	Each cor	nmittee with authority to act on behalf of the governing body?	•	8b	Х	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	9		х
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Interna	al		
Reve	nue Code	.)				
					Yes	No
		organization have local chapters, branches, or affiliates?		10a		X
		loes the organization have written policies and procedures governing the activities of the organization?		10Ь		
		organization provided a copy of this Form 990 to all members of its governing body	_	11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	D. SEE SCHEDULE O			
		organization have a written conflict of interest policy? If 'No,' go to line 13.		12a	_X	
	to conflic		•	12b	х	
	Schedule	organization regularly and consistently monitor and enforce compliance with the policy of how this is done SEE SCHEDULE O	olicy? If 'Yes,' describe in	12c	х	
13		organization have a written whistleblower policy?.	•	13	Х	
14		organization have a written document retention and destruction policy?		14	Х	
		rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de				
	_	nization's CEO, Executive Director, or top management official SEE SCHEDULE		15a	Х	
b		cers of key employees of the organization		15 b		X
		line 15a or 15b, describe the process in Schedule O. (See instructions.)				
	entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	-	<u> 16a</u>		Х
ь	in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard the respect to such arrangements?	n to evaluate its participatio I the organization's exempt	n 16b		
Sec		Disclosures		1		
17	List the s	tates with which a copy of this Form 990 is required to be filed - <u>CA</u>				
18	inspectio	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a in. Indicate how you make these available. Check all that apply. Website Another's website X Upon request	nd 990-T (501(c)(3)s only)	avaılabl	e for p	oublic
19	Describe	in Schedule O whether (and if so, how) the organization makes its governing documents of the sound of the sou	ments, conflict of interest po	olicy, ar	nd fina	ncial
20		ts available to the public. SEE SCHEDULE O name, physical address, and telephone number of the person who possesses the b	books and records of the or	ganızatı	on.	
•	KATHY	ANDERSON 1335 ARBORETUM DRIVE, SUITE B 96003 (503	3) 244-1219			

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Form 990 (2009)

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

Check this box if the organization did not compensate any current officer, director, or trustee (A) (B) (C) (D) (E) (F)													
(A)	(B)			•	•			(D)	(E)	(F)			
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations			
ANN KASTER									, i				
SECRETARY	2	X		Х				0.	0.	0.			
LARRY DAHL													
TREASURER	2	X		Х	L			0.	0.	0.			
MARY RICKERT			}										
DIRECTOR	2	X	乚			L		0.	0.	0.			
DAN KUPSKY													
VICE-CHAIR	2	X		Х				0.	0.	0.			
MARK_VEGH		ŀ											
DIRECTOR	2	Х						0.	0.	0.			
EVELYN_JACOBS	_												
CHAIRMAN	2	Х		Х				0.	0.	0.			
DAVID_COLLIER								_					
DIRECTOR	2	Х	ļ					0.	0.	0.			
DEANNE PARKER		ا ا						_	_				
DIRECTOR	2	Х	\vdash					0.	0.	0.			
KENDELL SEAMANS DIRECTOR	2	,,											
JOSEPH TALLERICO		X	\vdash					0.	0.	0.			
DIRECTOR	2	х						ا م	,	^			
WILLIAM KOHN		_^_	\vdash				_	0.	0.	0.			
DIRECTOR	2	х						0.	0.	0			
MARK FOSTER							\vdash	0.		0.			
DIRECTOR	2	х						0.	0.	0.			
DORIAN AIELLO									<u> </u>				
DIRECTOR	2	Х						ا.٥	0.	0.			
KATHY ANDERSON										<u> </u>			
CEO	40			Х	х			92,698.	0.	2,400.			
			ш			ــــــــــــــــــــــــــــــــــــــ							

TEEA0107L 11/10/09

Pan VIII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	oye	es,	an	d Highest Con	pensated Emp	oloyees (cont.)
(A)	(B)	_			c)			(D)	(E)	(F)
Name and Title	Average hours per week			check Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		Individual trustee or director	Institutional trustee	ę	employee	Highest compensate	ner 	(2	(, , ,	organization and related organizations
		ıstee	trustee		8	pensated				
							<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u></u>
					_				-	
	 									
					_					
		_		_						
	-									
		L.,								
1 b Total .							•	92,698.	0.	2,400.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lı	stec	l abo	ove)	wh	o re	ceived more than	\$100,000 in report	able compensation
3 Did the organization list any former officer, director	or trust	00 !	kov	omr	alov	00 4	or hi	ighost component	ad amplayed	Yes No
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	1	•		_					3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	han \$15	0,00	0?	lf 'Υ ·	es'	com	plet	e Schedule J for	such .	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio <i>I for</i>	n fro	om a h pe	any erso	unre n	elate	d organization foi	services	5 X
Section B. Independent Contractors	La al		1 1						#100 000 f	
 Complete this table for your five highest compensation from the organization 	ea inae	pend	ent	cor	ntrac	tors	tna	t received more t	nan \$100,000 of	
(A) Name and business addres	s_							(B) Description of	of Services	(C) Compensation
	-									
2 Total number of independent contractors (including		lımı	ted	to th	nose	list	ed a	Labove) who receiv	ed more than	
\$100,000 in compensation from the organization	0									

Pa	rt VIII Statement of Revenue				··
		(A) Totai revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GIFTS, GRANTS MILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . g Noncash contribns included in lns 1a-1f: \$ h Total. Add lines 1a-1f	1,885,720.			
SERVICE REVENUE	Business Code 2 a ADMINISTRATION FEES b OTHER FEES c d	200,166. 790.	200,166. 790.		
PROGRAM		200,956.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	109,021.			109,021.
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (i) Securities (ii) Other 449, 681.				
	c Gain or (loss)	-5,562.	-5,562.	·	
OTHER REVENUE	(not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11 a CHNG IN VALUE REMNDR TRST b	-2,426.	-2,426.		
	d All other revenue				
	e Total. Add lines 11a-11d .	-2,426.			
	12 Total revenue. See instructions	2,187,709.	192,968.	0.	109,021.

Part X Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	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
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	913,352.	913,352.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	82,360.	82,360.		
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		-		
5	Compensation of current officers, directors, trustees, and key employees	92,698.	27,809.	13,905.	50,984.
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	135,576.	85,265.	30,271.	20,040.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	11,310.	4,750.	5,655.	905.
10	Payroll taxes	19,673.	8,263.	9,837.	1,573.
11	Fees for services (non-employees)				
	a Management	207		207	
	Legal	397.	26 272	397.	··
	: Accounting 1 Lobbying	71,746.	36,273.	35,473.	
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees .	115.	115.	····	· 14
	other	321.	321.		··-
	Advertising and promotion	17,643.	7,894.	1,625.	8,124.
13	Office expenses.	5,479.	2,131.	1,674.	1,674.
14	Information technology				= <u> </u>
15	Royalties				
16	Occupancy	97,284.	24,321.	48,642.	24,321.
17	Travel .	16,105.	7,058.	6,031.	3,016.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	•	40 545		10 511	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	13,511.	2 2 4 4	13,511.	
23 24	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)	9,846.	3,214.	4,923.	1,709.
	CONTRACT SERVICES	42,520.	37,527.	3,745.	1,248.
	REPAIRS AND MAINTENANCE	19,836.	4,959.	9,918.	4,959.
	WORKSHOP EXPENSE	19,713.	19,713.		
	UNCOLLECTIBLE LOANS	11,700.	11,700.		
	TELEPHONE/INTERNET	10,775.	3,129.	5,097.	2,549.
	All other expenses	47,293.	24,964.	15,974.	6,355.
	Total functional expenses. Add lines 1 through 24f	1,639,253.	1,305,118.	206,678.	127,457.
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				
BAA					Form 990 (2009)

		Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	3,537,095.	2	1,984,296.
	3	Pledges and grants receivable, net	434,812.	3	618,348.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
ASSET	7	Notes and loans receivable, net	492,751.	7	441,428.
E	8	Inventories for sale or use.		8	•
S	9	Prepaid expenses and deferred charges .	4,182.	9	5,144.
	10 a	Land, buildings, and equipment cost or other basis. 10a 107,771.			
		Complete Part VI of Schedule D		ļ	
	b	Less: accumulated depreciation 10b 67, 400.	30,889.	10 c	40,371.
	11	Investments — publicly-traded securities .		11	6,529,065.
	12	Investments – other securities See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments – program-related See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,242,331.	15	880,318.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	10,498,970
	17	Accounts payable and accrued expenses		17	35,951.
	18	Grants payable		18	136,228.
	19	Deferred revenue		19	•
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ī		of Schedule L		22	
E S	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 .	22,051.	25	17,997.
	26	Total liabilities. Add lines 17 through 25	227,412.	26	190,176.
LE L		Organizations that follow SFAS 117, check here ► X and complete lines			
Ť		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets		27	966,645.
Ĕ	28	Temporarily restricted net assets	4,327,554.	28	4,431,044.
Š	29	Permanently restricted net assets	4,116,173.	29	4,911,105.
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
F		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	-
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本 して こいしゅう	33	Total net assets or fund balances	9,630,821.	33	10,308,794.
E	34	Total liabilities and net assets/fund balances.	9,858,233.	34	10,498,970.

Financial Statements and Reporting			
		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			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		X
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 review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	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 consolidated basis, separate basis, or both:	issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single . 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit 3b		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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. OMB No 1545-0047

often of region and region

Department of the Treasury Internal Revenue Service

Total

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

Name	of the organ	nization							Employe	r identifica	tion number		
			OMMUNITY FOUND							242276			
Par.	til 🖁 Re	ason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ı	nstruct	ions		
The o	organizat	tion is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	☐ A cl	nurch, conventi	on of churches or asse	ociation of churches desc	cribed in	section	170(b)	(i)(A)(i)	١.				
2	∏A so	chool described	I in section 170(b)(1)(A)(ii). (Attach Schedule 8	E.)								
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	\vdash		•	•		•		•	0(bX1X/	A)(iii) Er	nter the ho	spital's	s
•	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
6 7	Y An	organization th	at normally receives a	governmental unit descri substantial part of its su					t or fron	n the gei	neral public	c desc	rıbed
8			(Complete P described in section	arτ	te Part I	l.)							
9	from	n activities relate estment income	ed to its exempt function	more than 33-1/3 % of its s is – subject to certain exce iss taxable income (less omplete Part III)	eptions, a	and (2) r	o more t	han 33-	1/3 % of	its suppo	ort from gro	SS	after
10	An	organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).				
11	mor	e publicly supp	orted organizations of	exclusively for the benef lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out tl 509(a)(3	he purpose). Check t	s of o	ne or x that
		Туре І	b Type II	c Type III				ed		d 🗌	Type III-	Other	r
е	By o	checking this b	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ons oth ection	ner
f		e organization ck this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organızatıo	n,	
g	S inc	ce August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	?		
_		•										Yes	No
	(i)	a person who	o directly or indirectly overning body of the s	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d ın (ii)	and (III)	11g (i)		
	(ii)		nber of a person desc		•						11 g (ii)		
	(ii)	-	•	described in (i) or (ii) al	hove?			•		•	11 g (iii)	_	
h	, , ,		•	the supported organization				•			<u> </u>		
	(i) Nam	ne of Supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat	Is the son in cold in your erning ment?	(v) Did y the organ col your si	ization în (i) of	l organizat	Is the ion in col zed in the S ?	(vii) Amour	nt of Sup	oport
					Yes	No	Yes	No	Yes	No			
							l						
-													
					l		1			<u> </u>			
													
										<u> </u>			
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								-	حكين				

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support	. =								
begi	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.')	2,711,530.	3,728,909.	2,314,526.	4,144,300.	1,885,720.	14,784,985.			
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.	2,711,530.	3,728,909.	2,314,526.	4,144,300.	1,885,720.	14,784,985.			
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).						0.			
6	Public support. Subtract line 5 from line 4						14,784,985.			
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	2,711,530.	3,728,909.	2,314,526.	4,144,300.	1,885,720.	14,784,985.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	172,700.	506,407.	-222,932.	114,880.	103,459.	674,514.			
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						15,459,499.			
12	Gross receipts from related activ	vities, etc. (see ins	structions)		•	12	0.			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)			
	tion C. Computation of Pu									
	Public support percentage for 20	-		ne 11, column (f).		. 14	95.6%			
	Public support percentage from a 33-1/3 support test — 2009. If the	e organization did	not check the bo	x on line 13, and	the line 14 is 33	. 15 1/3 % or more, c	95.5%			
	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.									
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organia	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization.	t IV how the			
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a			90 or 990-EZ) 2009			
•	•				30	Page 1 Cities	JU UI JJU-LEJ 2003			

Schedule A (Form 990 or 990-EZ) 2009 SHASTA REGIONAL COMMUNITY FOUNDATION Partill Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I)				
Sect	tion A. Public Support	-			-		
	dar 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 ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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 year						
С	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						Ī
Sec	tion B. Total Support	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) 2000	(5) 2000	(6) 2007	(4) 2000	(6) 2003	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	-					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c	I (3) ► □
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13. column (f)) .	15	%
	Public support percentage from			,		16	%
	tion D. Computation of Inv			<u> </u>		1 .0	
17	Investment income percentage f				ımn (f))	17	%
	Investment income percentage i			=	aini (1 <i>))</i> .	18	- %
18 19 a	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 r	
ь	more than 33-1/3%, check this to 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	•	-	•		_	[_] %, and line 18
20	Private foundation. If the organi						

Schedule #	(Form 990 o	990-EZ) 2	009 5	SHASTA	REGIONAL	COMMUNITY	FOUNDATION	68-0242276	Page 4
Partiv	Suppleme Part II, line	ntal Infor e 17a or	matio 17b; a	n. Comp nd Part	olete this pa III, line 12.	art to provide Provide any	the explanation other additional	s required by Part II, information. See inst	line 10; ructions.
				-			-		
		-							
	-								
									-
		-							
		_				-			

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

SHASTA REGIONAL COMMUNITY FOUNDATION

Employer Identification number

JIII	MIN REGIONAL CORMONITI LOCKER		68-0242276
Par	till Organizations Maintaining Donor	r Advised Funds or Other Similar Fun	nds or Accounts Complete If
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	'
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .	23	102
2	Aggregate contributions to (during year)	372,399.	2,035,260.
3	Aggregate grants from (during year)	218,230.	777,482.
4	Aggregate value at end of year	2,138,957.	10,308,793.
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 d to the organization's exclusive legal control?	onor advised XYes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneath	the benefit of the donor or donor advisor or for	ds may be any other XY Yes No
Pai	Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	
	Preservation of land for public use (e.g , r	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	the form of a conservation easement on the
	tack day of the tan year.	-	Held at the End of the Year
ē	Total number of conservation easements		2a
t	Total acreage restricted by conservation ease	ments	2 b
c	Number of conservation easements on a certi-	fied historic structure included in (a)	2c
c	Number of conservation easements included i	n (c) acquired after 8/17/06.	. 2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ited by the organization during the tax
	year ▶		
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, hant it holds?	indling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring the year -	ng, inspecting, and enforcing conservation eas	ements
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easemen	nts \$
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 se	ection Yes No
9	conservation easements	to the organization's financial statements that of	describes the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in further	
ł	amounts relating to these items:	lic exhibition, education, or research in furthera	ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	* \$
	(ii) Assets included in Form 990, Part X	• •	> \$
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	for financial gain, provide the following
ä	a Revenues included in Form 990, Part VIII, line		> \$
ŀ	Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2009 SHAS1							68-024		Page 2
Partill# Organizations Maintai	ning Collect	ions (of Art, Histo	orica	l Treasures, o	r Other Si	milar Ass	ets (con	tınued)
3 Using the organization's acquisition items (check all that apply):	on accession ar	d othe	r records, che	ck an	y of the following	that are a sig	gnificant us	e of its col	lection
a Public exhibition			d Loan	or ex	change programs				
b Scholarly research			e 🔲 Other	·					
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.	nization's collec	tions a	nd explain ho	w they	further the organ	nization's exe	empt purpo	se in	
5 During the year, did the organizat assets to be sold to raise funds re	ather than to be	maint	ained as part	of the	organization's co	llection?		Yes	No
Part M Escrow and Custodial 9, or reported an amou	Arrangeme	nts Co 990, F	omplete if one Part X, line	orgar 21.	ization answe	red 'Yes' to	o Form 9 	90, Part ———	IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	•				•	her assets no	ot	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and	compl	lete the follow	ing ta	ple.				
								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 a		990, P	art X, line 21	?			•	Yes	No
b If 'Yes,' explain the arrangement					 				
Part V Endowment Funds Cor								· · · · · · · · · · · · · · · · · · ·	· · ·
_	(a) Current yea		(b) Prior yea		(c) Two years bac	k (d) Thre	e years back	(e) Four	years back
1a Beginning of year balance	4,856,6		3,780,1						
b Contributions	586,8	80.	1,680,7	776.				4	
c Net Investment earnings, gains, and losses	256,8	88.	-511,6	514.					
d Grants or scholarships .	118,0	94.	92,6	525.					
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance.	5,582,3	65.	4,856,6	591.					
2 Provide the estimated percentage	of the year en	d balan	nce held as						
a Board designated or quasi-endow	/ment ►		%						
b Permanent endowment ▶	88.00 _%								
c Term endowment ► 12	.00 %								
3a Are there endowment funds not a organization by.	n the possessio	n of the	e organization	that	are held and adm	inistered for	the	Y	es No
(i) unrelated organizations		•						3a(i)	X
(ii) related organizations .		•	•			•	•	3a(ii)	X
b If 'Yes' to 3a(ıı), are the related o	-		•			•	•	3b	
4 Describe in Part XIV the intended							SEE F	ART XIV	<u>J</u>
PartiVII Investments—Land, B									
Description of investment	(a)		or other basis estment)		Cost or other oasis (other)	(c) Accun Depreci	nulated ation	(d) Boo	k Value
1a Land	<u> </u>								
b Buildings .	· · · <u> </u>								
c Leasehold improvements									
d Equipment .	<u> </u>				107,771.	6	7,400.		40,371.
e Other									
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form	990, Part X, o	colum	n (B), line 10(c))	<u> </u>	Þ		40,371.

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Schedule **D** (Form 990) 2009

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		SHASTA REGIONAL C			68-0242276	Page 3
Part VII	Investments-	-Other Securities See F	orm 990, Part X, Iır	ne 12. N/	A	
		security or category ame of security)	(b) Book value	C	(c) Method of valuation Cost or end-of-year market value	
Financial d	derivatives					
Closely-he	ld equity interests					
Other						
			-			
				 		
				 		
			-			
			**************************************			**
		m 990 Part X, col. (B) line 12.) -				
Part VIII		-Program Related (See		ine 13)	N/A	
	(a) Description	of investment type	(b) Book value	, ا	(c) Method of valuation Cost or end-of-year market value	
		··			cost or end-or-year market value	
					-	

	· · ·					
						
Tatal (Calus	mn (h) must savel Form	n 990, Part X, Col (B) line 13.)				
Part IX	Other Assets	(See Form 990, Part X,	line 15)	1		
<u> </u>			escription		(b) Bo	ok value
CONTRI	BUTIONS REC					10,000.
DEPOSI						1,278.
BENEFI	CIAL INTERE	ST IN REMAINDER TRU	STS			369,040.
			· · · · · · · · · · · · · · · · · · ·			
			······································	- ,	· · · · · · · · · · · · · · · · · · ·	
			······			
Total. (Co	olumn (b) must eq	ual Form 990, Part X, col (B),	line 15)		. •	380,318.
Part X	Other Liabilit	ties (See Form 990, Part	X, line 25)			
	(a) Descri	iption of Liability	(b) Amount			
	come Taxes					
	D VACATION		16,39			
DEFERR	ED REVENUE		1,60	00.		
		<u></u>				
		· · · · · · · · · · · · · · · · ·				
				\dashv		
				\dashv		
		·		\dashv		
			 			
Total. (Colui	mn (b) must equal Forn	n 990, Part X, col. (B) line 25)	17,99	97.		
					tements that reports the organizat	ion's liability

_	edule D (Form 990) 2009 SHASTA REGIONAL COMMUNITY FOUNDATION	68-0242276	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	·	
1	Total revenue (Form 990, Part VIII,column (A), line 12)	2	2,187,709.
2	Total expenses (Form 990, Part IX, column (A), line 25)		L,639,253.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		548,456.
4	Net unrealized gains (losses) on investments.	. <u> </u>	
5	Donated services and use of facilities	L	
6	Investment expenses		
7	Prior period adjustments	· <u> </u>	
8	Other (Describe in Part XIV) SEE PART XIV		129,517.
9	Total adjustments (net). Add lines 4 through 8	ļ. <u></u> .	129,517.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		<u>677,973.</u>
<u> Pa</u>	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1 2	2,317,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments 2a 129, 51	7.	
ĺ	Donated services and use of facilities		
1	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	129,517.
3	Subtract line 2e from line 1	. 3 2	2 <u>,187,709.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
i	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV) . 4b		
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2 <u>,187,709.</u>
10	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1 1	l,639,253.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		
	Prior year adjustments 2b		
	C Other losses . 2c		
	d Other (Describe in Part XIV)		
_	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 1	L,639,253.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c 5	620 252
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	[5]	L <u>, 639, 253.</u>
Con	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the	t IV, lines 1b and	2b; Part V,
	mation.	s part to provide a	arry additional
	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
	ENDOWMENTS ARE USED TO MAINTAIN LONG-TERM SUPPORT FOR THE INDIVIDU	AL FUNDS SP	ECTETED
	PURPOSE.		
			-

Schedule D (Form 990) 2009 SHASIA REGIONAL COMMUNITY FOUNDATION	08-0242276	Page 5
PartixIV Supplemental Information (continued)		
		

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Schedule **D** (Form 990) 2009

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2009

Employer identification number 68-0242276 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part General Information on Grants and Assistance

SHASTA REGIONAL COMMUNITY FOUNDATION

Schedule I (Form 990) 2009	02/10/10	TEEA3901L 02/10/10	or Form 990.	e the Instructions f	ction Act Notice, se	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
A					ons	3 Enter total number of other organizations
134				rganizations	3) and government o	2 Enter total number of section 501(c)(3) and government organizations
1						
	-					
	. ••					
		0.	913, 352.			
						SEE DETAILED LIST PROVIDED.
(g) Description of (h) Purpose of grant non-cash assistance or assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
▲		S D C C C C C C C C C	ar 45,000. Oriech u	tional space is i	orm 990) if addi	Part IV and Schedule I-1 (Form 990) if additional space is needed
answered 'Yes' to Form	te if the organization	d States. Complet	zations in the Unite	ents and Organi	ice to Governme	Partil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form
	r. RT IV	States SEE PART IV	use of grant funds in the United States	toring the use of gr	procedures for moni	2 Describe in Part IV the organization's procedures for monitoring the
Id XIYes INo	ne grants or assistance, an	antees' eligibility for tr	nts or assistance, tne gr	e amount of the gra	is to substantiate the e grants or assistant	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

(f) Description of non-cash assistance					and any other additional information.						-		.
(e) Method of valuation (book, FMV, appraisal, other)					, line 2,	 	OCCASIONAL				 		
(d) Amount of non-cash assistance					to provide the information required in Part I	<u>USED</u>	EACH GRANT AWARDED AND CONDUCT OCCASIONAL				1 1 1 1 1 1 1 1 1 1		
(c) Amount of cash grant	82,360.				rovide the informat	<u>YW GRANTS ARE</u> I	<u>ich grant award</u>	CONTRACTS.			t		
(b) Number of recipients	35					<u> SCRIPTION OF HO</u>	RANTEES FOR EA	CE WITH GRANT			 		
(a) Type of grant or assistance	SEE LIST OF GRANTS				Part IV.* Supplemental Information. Complete this part	PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED	REQUIRE GRANT REPORTS OF ALL GRANTEES FOR	SITE VISITS TO INSURE COMPLIANCE WITH GRANT CONTRACTS.					

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public

Employer identification number

SHAS	TA REGIONAL COMMUNITY FOUNDATION	68-0242276
<u>E</u>	XPLANATION OF AMENDED RETURN	
P	ART IX - STATEMENT OF FUNCTIONAL EXPENSES HAS BEEN AMENDED TO EXPENSES NOT PREVIOUSLY SEPARATED.	REFLECT FUNDRAISING
F	ORM-990, PART III, LINE 2 - NEW SERVICES	
——— M	OMEN'S FUND, - AFFORDABLE HOUSING LOAN FUND, -AND -IVY-B:-HORR-LOA	n fund
F	ORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
R i	EDDING-AFFORDABLE-HOUSING-LOAN-FUND: THIS-PROGRAM-IS-DEDICATED	-TO-BUILDING-AND
<u>-</u> - Si	USTAINING-A-REVOLVING-LOAN-FUND-AND-LEVERAGING-OTHER-RESOURCES	-THAT -PROVIDE
- F	INANCING-FOR-A-VARIETY-OF-AFFORDABLE-HOUSING-NEEDS-IN-SHASTA-E	OUNTY
I	VY-BHORR-ENDOWED-MEDICAL-EDUCATION-FUND:-THIS-PROGRAM-PROVID	es low interest-loans
T	O-STUDENTS-FROM-SHASTA, LASSEN, TRINITY, TEHAMA, MODOC-AND-SIS	KIYOU COUNTIES
P	URSUING AN EDUCATION IN MEDICINE	
L-i	EADERSHIP-SISKIYOUTHIS-PROGRAM-CONSISTS-OF-ONE-YEAR-PROGRAM	S-OF-DAY-LONG
s	ESSIONS -INTENDED- TO -PROVIDE -ITS -PARTICIPANTS- WITH-INFORMATION	AND-OPPORTUNFTIES-TO
P	ROMOTE-COMMUNITY-INVOLVEMENT	
F	ORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS,	-DIRECT
T	HE-SRCF-PAYS-\$150/MONTH-TO-RENT-OFFICE-SPACE-FROM-A-BUSINESS-O	WNED-BY-ONE-OF-THE
D	IRECTORS	
F	ORM-990, PART-VI,-LINE-3 DESCRIPTION-OF-DELEGATED-DUTIES TO MANAGEN	IENT GOMPANY
I	NDEPENDENT_CPA_PERFORMS_ACCOUNTING_FUNCTIONS_AND_ASSISTS_WITH_	PREPARATION-FOR
A	UDIT	

,	Employer identification number 68-0242276
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
NYSTROM & COMPANY CPAS PROVIDES A DRAFT IRS FORM 990 TO SRCF MA	NAGEMENT AND THE
BOARD TREASURER FOR REVIEW TWO WEEKS PRIOR TO THE DUE DATE OF N	OVEMBER 15TH.
(NYSTROM & COMPANY CPAS ALSO PROVIDES THE STATE OF CA TAX FORMS	199 AND RRF-1 FOR
FILING.)	
SRCF MANAGEMENT FORWARDS THE DRAFT IRS FORM 990 TO ALL SRCF BOA	RD MEMBERS FOR REVIEW
AND COMMENT, (REVIEW AND COMMENT PERIOD IS 5 DAYS).	
UNLESS AN EXTENSION IS NECESSARY, THE IRS FORM 990 AND THE STAT	E OF CA TAX FORMS 199
AND RRF-1 ARE FILED VIA CERTIFIED MAIL BY THE DUE DATE.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
ANNUAL DISCLOSURE STATEMENT IS SIGNED BY BOARD MEMBERS AND STAF	F, AND THEN THE BOARD
REVIEWS THE STATEMENTS TO IDENTIFY ANY POTENTIAL CONFLICTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	
THE SRCF EXECUTIVE COMMITTEE (BOARD CHAIR, VICE-CHAIR, SECRETAR)	
PAST CHAIR) SERVES AS THE COMPENSATION COMMITTEE (COMMITTEE).	
ANNUALLY TO REVIEW THE CEO COMPENSATION. OFFICERS AND DIRECTOR	S OF SRCF ARE NOT
PAID A SALARY OR WAGE OTHER THAN THE CEO.	~
THE COMMITTEE REVIEWS COUNCIL ON FOUNDATIONS SALARY AND WAGE SU	
EMPLOYMENT CONTRACT AND RECOMMENDS ANY AND ALL CHANGES TO THE B	OARD OF DIRECTORS FOR
A FULL VOTE.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	
SRCF POSTS INVESTMENT AND FUND MANAGEMENT, 990, AND ANNUAL AUDI	
THEIR WEB SITE AT WWW.SHASTARCF.ORG. THE BYLAWS, ARTICLES OF I	NCORPORATION AND FORM
1023 ARE MADE AVAILABLE UPON REQUEST.	

Schedule () (Form 990) 2	009					Page 2
Name of the o						Employer identification numbe	r
SHASTA	REGIONAL	COMMUNITY	FOUNDATION			68-0242276	
							
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

FOUNDATION

COMMUNITY

SHASTA REGIONAL

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

Employer Identification number 68-0242276

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of 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 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets 501 (C) (3) Parall Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**b)** Exempt Code section (**D)** Total income TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) S BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. REAL ESTATE (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity SUITE SRC REAL ESTATE FOUNDATION 335 ARBORETUM DRIVE, REDDING, CA 96003, 06-1797306 1 1 Peri (1)

Schedule R (Form 990) 2009 SHASTA REGIONAL COMMUNITY FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete of 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 vear.)

Decause It liad		ומובח הואכ	מוווצמנוטווא נוכם	שונים מא מ שוניו בו אווי	_	į	1	•	(
Primary Activity Legal			Direct	(E) Predominant		Share of total income Share of end-of-year	Dispropor-	Code V-UBI	General
			domicile controlling entity	income (related, unrelated, excluded		assets	tionate allocations?	amount in box 20 of Schedule	managing partner?
foreign	foreign			from tax under				.	-
country)	country)			sections 512-514)			Yes No	(Form 1065)	Yes No
	_								
	_								
	, ,								
			-						

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cor ed organizations	rporation or Trust treated as a corp	t (Complete	if the organiz	ation answered 'Ye tax year.)	es' to Form 990, Pa	art IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign con country)	(D) Direct trolling entity	(E) Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity (State or foreign controlling entity country)	(G) Share of end-of-year assets	(H) Percentage ownership
			•				
			•				
ВАА		TEEA5002L 02/05/10	0			Schedule R (Form 990) (2009)	990) (2009)

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			(5)
			(4)
			(3)
			(2)
			(1)
volved	(C) Amount involved	(B) Transaction type (a-r)	(A) Name of other organization
		ps and transaction three	2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
××	<u>_</u>	•	q Other transfer of cash or property to other organization(s)
×	1р		p Reimbursement paid by other organization for expenses
×	10		o Reimbursement paid to other organization for expenses
×	1		n Sharing of paid employees
×	L E		m Sharing of facilities, equipment, mailing lists, or other assets
×	=	:	l Performance of services or membership or fundraising solicitations by other organization(s)
××	= =		Jucase of facilities, equipment, or other assets from other organization(s) Kine Performance of services or membership or fundraising solicitations for other organization(s)
×	=		quipment, or other assets to other organi
×	Ę		
×	- 10	•	g Purchase of assets from other organization(s)
×	=		f Sale of assets to other organization(s)
×	ب ا		e Loans or loan guarantees by other organization(s)
< :	-		d Loans or loan guarantees to or for other organization(s)
×	2		c Gift, grant, or capital contribution from other organization(s).
×	٦ ا	:	b Gift, grant, or capital contribution to other organization(s)
×	-l		a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
		÷	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:
Yes No			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

68-0242276

Schedule R (Form 990) 2009 SHASTA REGIONAL COMMUNITY FOUNDATION

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) mai was not a relateu organization. See msmuchons regalumig ext	TOTAL CACIONION OF THE PROPERTY OF THE PROPERT	design for certain myestinent partners in bas							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	ars Share of end-of-year assets	(F) tar Disproportionate allocations?	oor- Code V- te in bo	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or Jing er?
			Yes No		Yes	No	,	Yes	N _O
						<u>.</u> .			
ВАА		TEEA5004L 02/05/10				Sche	Schedule R (Form 990) (2009)	z) (066 u	(6002

SCHEDULE D. PART XIV SUPPLEMENTAL MIFORMATION PAGE 6 2009 CLEM OF AND SHASTA RECIONAL COMMUNITY FOUNDATION 0124-9227/G SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES 129,517. 129,517. ... <u>\$</u> TOTAL <u>\$</u>

Shasta Regional Community Foundation FEIN 68-0242276 Form 990 Schedule I Part II and Part III June 30, 2010 Part II Part II Line (h) Part II Line 1 (d) **Grant Date** Grantee **Program Name** Granted 09/02/09 Mercy Foundation North cardiac care equipment \$ 40,000 \$ 02/24/10 Renaissance Redding, Inc. downtown public art 36,965 09/23/09 Shasta Community Health Center \$ Homeless dental care 30,000 09/23/09 \$ Shasta Women's Refuge, Inc. Peterson House renovation 29,000 06/09/10 Mountain Union Elementary School District \$ playground 26,000 06/09/10 **Rotary Club of Mount Shasta Foundation** \$ asphalt trail 25.700 06/09/10 Save Burney Falls rail trail system \$ 25,000 06/10/10 Fall River Conservancy monitoring system \$ 23,370 07/15/09 Mercy Foundation North safety net bridge - SSNP \$ 22,500 07/15/09 Shasta Women's Refuge, Inc. \$ safety net bridge 22,500 09/02/09 Abbey of New Clairvaux sacred stones \$ 20,000 06/09/10 Acorn Community Enterprises \$ radio transmission 20,000 06/10/10 Shingletown Medical Center \$ electric health records 20,000 06/09/10 Millville Elementary School smartboards \$ 18,000 09/02/09 Rancho Tehama Community Foundation \$ kitchen equipment & furniture 15,854 09/02/09 Surprise Valley Health Care District computer server & routers \$ 15,700 06/09/10 \$ Mountain Communities Healthcare Foundation bladder scanner 15,000 04/19/10 Riverfront Playhouse \$ lighting equipment 13,000 09/02/09 Bidwell Elementary School \$ computer mini labs 12,459 Shasta County Office of Education 02/11/10 \$ summer camp scholarships 11,299 02/11/10 Soroptimist International of Burney-Fall River \$ Christmas Tree Lane 10,885 02/11/10 Shasta County Office of Education scholarships \$ 10,835 04/19/10 **Acorn Community Enterprises** \$ community radio project 10,000 **Acorn Community Enterprises** 09/02/09 radio equipment \$ 10,000 09/02/09 Alturas Community Theater \$ theater electrical system 10,000 05/12/10 Empire Hotel Alcoholic Rehabilitation Center, beds \$ 10,000 02/17/10 Living Hope Compassion Ministry \$ special award 10.000 04/15/10 Montgomery Creek Volunteer Fire Department \$ equipment 10,000 06/09/10 Mountain Community Center \$ flooring 10,000 04/19/10 People of Progress general operating \$ 10,000 09/23/09 Planned Parenthood: Shasta- Diablo **Project Homeless Connect** \$ 10,000 09/02/09 Siskiyou County Library \$ digital microfilm equipment 10,000 09/02/09 Tehema County Museum Foundation building restoration plans \$ 10,000 04/19/10 Trinity Alps Unified School District \$ high school track 10,000 09/02/09 Dunsmuir Botanical Gardens signs, software, rock garden \$ 9,975 04/15/10 Little League Baseball Inc.- Burney Basin snack bar & fence \$ 9,920 09/02/09 JPR Foundation - Cascade Theatre Restoration \$ genie lift 9,913 **Burney Water District** 04/15/10 pool repairs \$ 9.800 09/02/09 Tehama District Fair auditorium audio \$ 9,702 09/02/09 \$ California State Grange Foundation accessible bathrooms 9,668

sound & light equipment

microfilm machine

\$

\$

9,201

8,600

09/02/09

09/02/09

Riverfront Playhouse

Modoc County Library

Shasta Regional Community Foundation FEIN 68-0242276 Form 990 Schedule I Part II and Part III June 30, 2010 Part II Part II Line (h) Part II Line 1 (d) **Grant Date** Grantee **Program Name** Granted 09/02/09 Sacramento River Discovery Center storage shed \$ 8,275 04/19/10 Shingletown Library Corporation \$ automated management system 7,800 04/12/10 Mt. Shasta Museum Association \$ lighting 7,772 04/19/10 State of California - Department of Veterans 2009 watering \$ 7,500 \$ 07/09/09 State of California - Department of Veterans watering vets' cemetery 7,500 09/02/09 Dunsmuir Joint Union High woodshop equipment \$ 7,478 09/23/09 Empire Hotel Alcoholic Rehabilitation Center replace windows/ trim Ś 7,400 09/02/09 Shasta College Foundation garden equipment \$ 5,900 **People of Progress** \$ 06/09/10 garden repair 5.684 Northern Valley Catholic Social Service, Inc. 09/23/09 transportation for Second Home \$ 5,400 05/12/10 Anderson Union High School District track equipment \$ 5,028 12/11/09 First Baptist Church \$ pre-school 5.000 04/19/10 Haven Humane Society, Inc. \$ feral cat neuter program 5,000 09/09/09 Mt. Shasta Bioregional Ecology Center \$ Panther Meadows stewardship 5,000 NorCal Think Pink 04/19/10 Think Pink day \$ 5,000 \$ 09/02/09 Siskiyou Arboretum garden expansion 5,000 04/19/10 Youth Violence Prevention Council \$ peer court 5,000 04/19/10 **Cottonwood Fire Protection District** \$ river rescue project 4,995 04/12/10 McCloud Community Services District \$ 4,875 library lights 04/19/10 Shasta County Community Concert Association \$ outreach to schools 4,740 11/11/09 Second Chance Pet Rescue storage shed \$ 4,531 \$ 04/12/10 Grant School garden 4,500 04/12/10 CASA of Siskiyou County office equipment \$ 4,400 \$ 09/02/09 Friends of Northwest Hatcheries signage & benches 4,070 \$ 05/12/10 Redding Swim Club, Inc. technology update 4,000 09/02/09 Pacheco Union Elementary School music equipment \$ 3,895 04/14/10 Redding, City of support Big Bike Weekend \$ 3,630 04/15/10 **Burney Cemetery District** security camera \$ 3,500 04/19/10 Anderson Aqua-Gators Swim Club swim team equipment \$ 3,465 04/19/10 \$ Verde Vale Elementary technology for special needs 3,355 Central Modoc River Center \$ 09/02/09 Aquarium pumps, laptop, projector 3,200 04/19/10 \$ Shingletown Medical Center blood level testing 3,145 **Burney Fire Protection District** 09/28/09 ambulance repair \$ 3,100 09/23/09 Human Response Network supplies for shelters \$ 3,000 04/19/10 Millville Fire Protection District fire protection equipment \$ 3,000 04/19/10 NorCal Services for Deaf and Hard of Hearing Jobs 4 Deaf project \$ 3,000 02/11/10 Save Burney Falls develop rail banking agreement \$ 3,000 Mayers Memorial Hospital District \$ 04/15/10 equipment & furnishings 2,684 06/09/10 Northwest California Resource Conservation & \$ community kitchen 2,650 \$ 04/15/10 Hat Creek Volunteer Fire Department vital signs equipment 2,611 09/09/09 Renaissance Redding, Inc. permits & fees \$ 2,600 07/20/09 Calif. State Grange Foundation \$ Mt. Bolivar accessibility 2,533

Shasta Regional Community Foundation FEIN 68-0242276 Form 990 Schedule I Part II and Part III June 30, 2010 Part II Part II Line (h) Part II Line 1 (d) Granted **Grant Date Program Name** Grantee Girl Scouts of Northern California \$ 04/19/10 summer program 2.500 \$ 06/09/10 Trinity County Arts Council office rennovation 2,500 \$ 06/09/10 2,291 **Burney Chamber of Commerce** Burney welcome signs \$ **Burney Chamber of Commerce** 2,025 03/22/10 sign roof \$ 09/23/09 A. C. E. S. supplies for homeless 2,000 \$ 02/11/10 **Burney Water District** life guard chair & paint 2,000 08/12/09 Foundation for Promoting Arts Education Children's theater \$ 2,000 \$ 05/13/10 Foundation for Promoting Arts Education design and program fees 2,000 \$ 06/09/10 Friends of the Old Lewiston Schoolhouse Library 2,000 computer \$ 09/02/09 Health Improvement Partnership of Shasta sound equipment 2,000 \$ 06/09/10 Mt. Shasta Nordic Ski Organization snow shoes 2,000 Shasta County Office of Education \$ 04/19/10 transportation to WES Camp 2,000 \$ Tri County Community Network 2 computers 2,000 02/11/10 \$ 11/11/09 **Acorn Community Enterprises** general operating 1,800 \$ 04/12/10 **Liberty Painting Corporation** interpretive equipment 1.500 \$ 1,448 09/02/09 P.A.T.H., Poor And The Homeless Tehama Co. refrigerato & freezer \$ 09/14/09 Matson Mowder Pride Alliance Celebration Garden 1,445 \$ 06/09/10 Ascend Wilderness 1,400 wilderness equipment 11/11/09 \$ 1.400 Cottonwood Citizen Patrol, Inc. general support 04/15/10 **Burney Fire Protection District** AV equipment \$ 1,300 \$ 04/15/10 Tri County Community Network parking lot 1,300 \$ 10/14/09 Shasta Siskiyou Arts Endowment general operating 1,250 \$ 03/12/10 **Burney Fire Protection District** AED for Burney pool 1,000 \$ 1,000 12/11/09 **Choices Pregnancy Services** general operating \$ Fall River Joint Unified School District 04/19/10 P.E. Specialist 1.000 11/24/09 \$ **Good News Rescue Mission** Thanksgiving food 1,000 12/11/09 Mt. Shasta Fire Protection District Auxiliary \$ 1,000 general operating \$ 04/12/10 River Exchange presentation equipment 1,000 12/11/09 \$ 1,000 Siskiyou Humane Society, Inc. general operating \$ 06/10/10 Siskiyou Media Council ice rink promo 1,000 \$ 06/10/10 Siskiyou Media Council **PSA Day** 1,000 \$ 06/10/10 Siskiyou Opportunity Center work project 1,000 \$ 04/19/10 Trinity County Behavioral Health Services Program for At-risk youth 1.000 04/14/10 **Burney Chamber of Commerce** benches for main street \$ 988 01/20/10 The Eaton Gift \$ 677 site planning \$ 11/12/09 Alliance for Humanity MS Thanksgiving 600 \$ 11/11/09 Golden Umbrella, Inc. general operating 564 \$ 11/11/09 Shasta Sr Nutrition Program general operating 564 \$ 08/28/09 **Shasta Regional Community Foundation** interfund scholarship 508 \$ 12/11/09 Mt. Shasta Recreation & Parks District senior nutrition 500

Mayor bench

general operating

11/11/09

07/08/09

Redding, City of

Riverfront Playhouse

\$

\$

500

500

Shasta Regional Community Foundation FEIN 68-0242276 Form 990 Schedule I Part II and Part III June 30, 2010 Part II Line (h) Part II Part II Line 1 (d) Granted **Grant Date Program Name** Grantee dinners for homeless \$ 12/10/09 Rotary Club of Redding Charitable Foundation 500 \$ 12/10/09 Redding Police Department **Explorer Post** 300 \$ 250 10/28/09 Rotary Club of Redding Charitable Foundation Sundial Film Festival Support \$ 200 12/10/09 Golden Umbrella, Inc. general operating 11/01/09 \$ 155 Community Scholarship Fund general operating 10/29/09 \$ Schreder Planetarium general operating 150 \$ 10/29/09 Whiskeytown Environmental School general operating 150 \$ 25 11/12/09 food relief **Great Northern Corporation** Ś 913,352 Total Part III c Part III **Cash Amount** \$ 07/07/09 Osofsky, Max Scholarship 9,400 07/07/09 \$ 9,000 Bui, Quoc-An Scholarship 07/07/09 \$ 7,200 Samuels, Tayler A Scholarship 07/07/09 Scholarship \$ 4,400 Koziol, Alec \$ 05/12/10 Banowetz, Elizabeth Scholarship 3,000 \$ Brunemeier, Jillian 05/12/10 Scholarship 3,000 \$ 05/12/10 Scholarship 3,000 Calzia, Megan \$ 05/12/10 Kelly, Whitney Scholarship 3,000 \$ 3,000 05/12/10 Koeppen, Krystal F Scholarship \$ 05/12/10 Kuschell, Kristen Scholarship 3,000 05/12/10 \$ 3.000 Rogers, Hannah Scholarship \$ 05/12/10 Steinbergs, Korina J Scholarship 3.000 Scholarship \$ 05/12/10 Tavarez, L. Carolina 3,000 \$ 3,000 05/12/10 Vestal, Jennifer Scholarship \$ 05/12/10 Scholarship 2,500 Calzia, Megan \$ 05/12/10 Scholarship Selvidge, Shelby L 2,500 Alderson, Elise N \$ 07/07/09 Scholarship 2.000 \$ 07/07/09 Unknown School Scholarship 2,000 07/07/09 Small, Whitney Scholarship \$ 2,000 \$ 05/27/10 Taylor, Evan L Scholarship 2,000 \$ 05/12/10 Kramm, Audrey Scholarship 1,000 \$ 05/13/10 Scholarship Swanson, Savannah J 1,000 05/12/10 Williams, James Scholarship \$ 1,000 \$ Harrall, Tonya 07/07/09 Scholarship 1,000 \$ 08/12/09 Scholarship 500 Evans, Alan \$ 05/12/10 Ewert, Rebecca Scholarship 500 \$ 500 05/27/10 Finnigsmier, Ryan W Scholarship

Scholarship

Scholarship

Scholarship

\$

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500

500

500

05/27/10

05/27/10

02/01/10

Gazzigli, Brandon M

Greene, Travis

Ramirez, Leona

	Shasta Re	gional Community Foundation	
	•	FEIN 68-0242276	
	Form 99	O Schedule I Part II and Part III	
		June 30, 2010	
Part II		Part II Line (h)	Part II Line 1 (d)
Grant Date	<u>Grantee</u>	Program Name	Granted
05/13/10	Swanson, Savannah J	Scholarship	\$ 500
08/12/09	Taylor, Emma	Scholarship	\$ 500
05/27/10	Tooley, April M	Scholarship	\$ 500
05/27/10	Tran, Philip D	Scholarship	\$ 500
07/13/09	Duggan, Miranda	Scholarship	\$ 360
	Total		\$ 82,360
	Grand Total		\$ 995,712

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Identifying number

Name(s) shown on return SHASTA REGIONAL COMMUNITY FOUNDATION 68-0242276 Business or activity to which this form relates FORM 990/990-PF Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses \$250,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 \$800,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions. 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Partill Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 13,511 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009. 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) Classification of property (C) Basis for depreciation (f) Method (b) Month and (d) (e) Convention (g) Depreciation year placed in service (business/investment use deduction Recovery period only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM S/L h Residential rental property 27.5 yrs MM S/L MM S/L i Nonresidential real 39 yrs property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L MM c 40-year 40 vrs S/L Part W Summary (See instructions)

the appropriate lines of your return. Partnerships and S corporations — see instructions . . .

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

21 Listed property. Enter amount from line 28

13,511

21

22