Fgrm (Rev January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2019 Open to Public

1	itemal Rev	enue Service	·				90 for instructions			<u> </u>	<u> </u>	nspection
<u> </u>	For t	he 2019 c	alendar yea	ar, or tax year beg	ginning O	<u>5/01/19</u>	, and ending	04/30/2	20	_		
E	Check if	applicable	C Name of or	rganization SIE	RRA-CAS	CADE EN	VIRONMENTA	L &		D Employe	r identificati	on number
Γ	_	change		RES	SOURCE	FUND, IN	IC.					
	₹′‱	onunge :	Doing busin							[⊣] 27_4	98219	۵
] Name c	hange			ail is not deliver	red to street addre	1226		Room/suite	E Telephor		<u> </u>
Г	Instal me	Number and street (or PO box if mail is not delivered to street address) Room/suite P.O. BOX 993220									222-1	290
F	Final rel			n, state or province, coun	try, and ZIP or	foreign postal coo	le			1		
L	terminate				-,,					_		210 100
٢	Amende	d retum	REDDI			CA 9609	9-3220			G Gross re	ceipts \$	312,192
	⊣	İ	F Name and	address of principal office	er				Life) to the	group return for	obolodo.a0	Yes X No
L	Applicati	on pending	STEV	E WIARD					n(a) is uits a	group return for	sucoromates?	Yes X No
			2949	FELSTET	LANE			_	H(b) Are all	subordinates ind	luded?	Yes No
			REDD			CA	96001	\sim	If "I	vo," attach a list	(see instruct	ions)
-					/) 4				Н			
	_	empt status		(c)(3) 501(c)		(insert no.)	4947(a)(1) or	1 32//	-			
7	Websit	e ► N	I/A					1		exemption numb	er 🕨	
K	Form of	forganization	X Corpor	ration Trust	Association	Other >		<u> </u>	rear of formation	<u> 2009 </u>	M State of	legal domicile CA
_	Part I	Su	ımmary					1				
_	1			organization's missi	on or most	significant ag	ctivities	Ï				
	1			ATION'S OBJ				SEMTNARS.	TNFORMA	TTON.		
	ğ			D FUNCTIONS				•		•	C OF	
	<u> </u>							INE HIST	OKI AND	FOONDIN	G OF	
	<u> </u>	•	,	AND CONST								
,	Covernance	Check thi	ıs box ▶∐	if the organization	discontinue	ed its operation	ons or disposed o	of more than 25	5% of its net	assets _,	•	
		Number of	of voting me	mbers of the gover	ming body (Part VI, line	1a)			3	9	
		Number o	of independe	ent voting members	of the gove	emina body (Part VI. line 1b)			4	9	
;	5 I		-	iduals employed in	_					5	0	
;	<u> </u>				•	501 2015 (Fa	it v, line 2a)				35	
	₹ ٥	rotal nun	nder of volu	nteers (estimate if	necessary)		DECEN	/FD I		6	_35	
	7a	Total unre	elated busin	ess revenue from F	Part VIII, co	lumn (C)∦ line	12KEULI	0		7a		0
Σ	b	Net unrela	ated busines	ss taxable income t	from Form 9	990-T, line 39	-	IOI		7b		0
2022						122	MAR 02	2021 19	Pnor '		Cu	irrent Year
~	տ 8	Contributi	ons and gra	ints (Part VIII, line	1h)	0032	MAN	SS SS	1	<u>73,430</u>		312,192
JAN 06	Ē 9	Program :	service reve	nue (Part VIII, line	2g)	10	1		Ì			0
0	10	Investmen	nt income (F	Part VIII, column (A). lines 3. 4	and 7d)	OGDEN	1 TU 1	1			0
Z	ž 11		•	VIII, column (A), line	•		d 110					0
₹	1 40		•	, ,				ŀ	1,	73,430		312,192
	12			lines 8 through 11							_	
SCANNED	13			nounts paid (Part I)	•					81,462		85,328
¥	14	Benefits p	oald to or fol	r members (Part IX	., column (A), line 4)						0
Ž	ທູ 15	Salanes,	other compe	ensation, employee	benefits (P	art IX, colum	n (A), lines 5–10) [0
₹	🎽 16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)									0
Q,	a b	Total fund	draising expe	enses (Part IX, colu	umn (D). line	e 25) 🕨		0				
σ,	ŭ ₁₇			IX, column (A), lin	, ,	=				70,079		109,883
	- 1						\	ŀ		51,541		195,211
	- 1	•		lines 13–17 (must o	•	•), line 25)	}-		21,889		116,981
_	<u>19</u>	Revenue	iess expens	es Subtract line 18	B from line	12			Beginning of C			nd of Year
Ý	sacuel 20	Tatal	-4- (Da-1 V.)	l 10\				F		02,329		219,310
8	젊 20		ets (Part X, I	· ·				-	Τ,			219,310
4	글 21		lities (Part X	•				-		0	_	
	22	Net asset	s or fund ba	lances Subtract lin	ne 21 from I	ine 20		<u></u>	10	02,329		219,310
	Part II	Sig	nature E	Block								
	Under pe	nalties of p	egury, I decla	are that I have exami	ned this retur	n, including ac	companying schedu	ules and stateme	nts, and to the	best of my kr	owledge ar	nd belief, it is
	true, corr	ect, and co	mplete Decla	aration-of-preparer (of	ther than offic	cer) is based o	n all information of	which preparer h	nas any knowle	dge	_	
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S	ign		gnature of office						*	Date		
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Paid DAVID H. SCOTT, CPA							4XN/10	I CPA	10/2	2/20 self-em	ployed P	00735173
P	eparer	Firm's nam	ne •	D.H. SCOT	rr & C	OMPANY	,,,			Firm's EIN	68-	0397834
U	se Only			900 MARKE								
		Firm's add	trace b	REDDING,		6001-05	530			Phone no	530-	243-4300
<u></u>	av the IE			with the preparer						- HOHB HO		
_												
D/		VOIK REQU	COOR ACT NO	tice, see the separa	ale mstructio	ліS.	1					Form 990 (2019)

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission THE ORGANIZATION'S OBJECTIVES ARE TO PROVIDE SEMINARS, INFORMATION	
1 Briefly describe the organization's mission THE ORGANIZATION'S OBJECTIVES ARE TO PROVIDE SEMINARS, INFORMATION	<u> </u>
THE ORGANIZATION'S OBJECTIVES ARE TO PROVIDE SEMINARS, INFORMATION	,
PROGRAMS AND FUNCTIONS TO EDUCATE AND DISPLAY THE HISTORY AND FOUND	
THE LOGGING AND CONSTRUCTION INDUSTRIES.	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X N
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O	63 ==
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported	
4a (Code) (Expenses \$ 192,494 including grants of \$ 85,328) (Revenue \$	_
PROVIDE SEMINARS, INFORMATION, PROGRAMS AND FUNCTIONS TO EDUCATE AND PROPERTY AND P	1D
DISPLAY THE HISTORY AND FOUNDING OF THE LOGGING AND CONSTRUCTION	
INDUSTRIES.	
·	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$	
N/A	
1- (O)	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$ N/A	
N/A	
4d Other program services (Describe on Schedule O)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 192,494	
4e Total program service expenses ► 192,494	Form 990 (201

27-4982199 Form 990 (2019) SIERRA-CASCADE ENVIRONMENTAL & Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in guasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate \mathbf{x}_{-} foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

18

19

20a 20b X

X

21

19

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

_ <u>P</u>	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ľ	l	ĺ
	Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22	X	├ ─
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	J .		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			İ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			42
	"Yes," complete Schedule L, Part IV	28a	-	X
р	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			4.5
	"Yes," complete Schedule L, Part IV	28c		X
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			v
•-	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ <u>^</u>
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			v
• •	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
2=-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254	1	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	1 20		v
27	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	1 27	ľ	v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00		v
	19? Note: All Form 990 filers are required to complete Schedule O	38		<u>x</u>
78	art V Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V	1	V 1	<u> </u>
	5-1		Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 0			ĺ
b		 [[
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			'
	reportable gaming (gambling) winnings to prize winners?	1c		

SIERE 10/22/2020 2 15 PM 27-4982199 Form 990 (2019) SIERRA-CASCADE ENVIRONMENTAL & Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 9 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

KATHIE MUSE

REDDING

2949 FELSTET LANE

530-222-1290

CA 96001

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

ompensation from related rganizations	(E) (F) Reportable Estimated amou- compensation of other from related compensation organizations from the (W-2/1099-MISC) organization and	
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<u> Part VII</u>	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mp	loyee	es, a	and Highest Compensated	Employees (continued)	т——			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	rson	than of the state	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	or	of oti compen: from rganizati	amouni her sation the	
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_ d Total	from continuation sheel (add lines 1b and 1c)							> > >						
	number of individuals (in- table compensation from				those	e list	ed a	bove	e) who received more than	\$100,000 of			·	···
emplo 4 For a organ undivid	oyee on line 1a? If "Yes," iny individual listed on line nization and related organ dual	complete Schea 1a, is the sum izations greater	of rethan	J for eport \$15	<i>suci</i> able 60,00	com 07 II	lividu ipens "Ye.	al atio s," c	ee, or highest compensated in and other compensation complete Schedule J for suc in unrelated organization or	from the ch		3	Yes	X
	ervices rendered to the or Independent Contracto		es,"	com	olete	Sch	edul	<u>e J</u>	for such person			5		X
1 Comp	olete this table for your fiv	e highest compe							actors that received more tar year ending with or with		ear			
		(A) business address								(B) on of services		Co	(C) mpensat	on
				<u>,</u>	_						-			
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2 Total	number of independent of	ontractors (included compensation	ding from	but in the	not li	mıte anıza	d to	thos	se listed above) who	0				

Page 9

								012	to any line in m			1 1
		One of the		iodaio o doni	<u> </u>	<u> </u>	100 01 110	<u> </u>	to any line in th	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
tts	1a	Federated camp	paigns	 }	1a	Γ						
ig ja		Membership du			1b							
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ig is	f	All other contributions,	gifts, gr	ants,								
T S		and similar amounts no	ot includ	ed above	1f		312,19	92				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	ıncluded	I in lines 1a-1f	1g	\$						
걸림	h	Total, Add lines	1a-1	<u>f</u>				<u> </u>	312,192		ļ	
							Business C	ode				
.පු	2a											_
Program Service Revenue	b						<u> </u>					
Ke a	C											
8,8	d						——			-		
ኟ	e	All other areases		#80 F01/08/10			-	_				
	q	All other program Total. Add lines						\neg				<u> </u>
_	3	Investment incor			s inte	rest and						1
	Ŭ	other similar am			5, mic	rest, and		•				
	4	Income from inv		•	bond	proceeds		•				
	5	Royalties					•	•				
		_		(ı) Real		(II) S	Personal					
	6a	Gross rents	6a									:
- 1	b	Less rental expenses	6b									1
	С	Rental inc or (loss)	6c	l								
	d	Net rental incom	e or (loss)				>				
	/ a	Gross amount from sales of assets		(i) Secunties		(u)	Other	_				
		other than inventory	7a			ļ]	į
Revenue	b	Less cost or other										
e e	_	basis and sales exps	7b			-	-	\dashv				1
œ		Gain or (loss) Net gain or (loss	7c	L		<u> </u>		\exists	·	<u> </u>	 	
Other		Gross income from	•	aleina evonte								
0	va	(not including \$	i luliule	aising events							•	
		of contributions rep	orted o	on line 1c)]]			ļ				
		See Part IV, line 18			8a							
	b	Less direct expe			8b							
		Net income or (I			events		>	•				
1	9a	Gross income from	gamır	ng activities								
- 1		See Part IV, line 19	}		9a							
	b	Less direct expe	enses		9b			_				
1	С	Net income or (I	oss) f	rom gaming activ	vities			>			<u></u>	
1	l0a	Gross sales of in		-								
		returns and allow			10a			긕				j
		Less cost of goo			10b	.		_				
	С	Net income or (le	oss) fi	rom sales of inve	entory	·	D Co					1
ន្ទ .							Business Co	xae				
올릴 1	11a						<u> </u>	\dashv				
yen Ven	b							\dashv			 -	
Miscellaneous Revenue	c d	All other revenue						\dashv				
≊		Total. Add lines		11d				-				1
1							•		312,192	0	0	0

Form 990 (2019) SIERRA-CASCADE ENVIRONMENTAL & Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a resp	oonse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
•	and domestic governments. See Part IV, line 21	48,328	48,328		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	37,000	_37,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		`		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	•			4	
C	•	1,555		1,555	
d	, ,				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	 			
13	Office expenses	29		29	
14	Information technology				
15	Royalties				
16	Occupancy			_	
17	Travel				<u></u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	, ,				
20 21	Interest				
22	Payments to affiliates Depreciation, depletion, and amortization			-	
23	Insurance				
24	Other expenses Itemize expenses not covered		•		- I
	above (List miscellaneous expenses on line 24e If				}
	line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O)				
а	EDUCATION AUCTION	56,758	56,758		
b	IN THE WOODS	13,940	13,940		
С	LOGGING SPORTS	10,642	10,642		
d	EDUCATION DAY	6,545	6,545	1 122	
e 25	All other expenses	20,414 195,211	19,281 192,494	1,133 2,717	
<u>25</u> 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	199,211	132,234	2,111	
- •	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				
	— · — — — — — — — — — — — — — — — — — —				-000

LP	art)	✓ Balance Sheet				— ·· ·- ·- ·-
_		Check if Schedule O contains a response or note to	o any line in this Pa	art X		
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		102,329	1	219,310
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former	officer, director,		`	
		trustee, key employee, creator or founder, substantial co				,
		controlled entity or family member of any of these persor	ns		5_	
	6	Loans and other receivables from other disqualified pers	ons (as defined			
इ		under section 4958(f)(1)), and persons described in sect	ion 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net			7	
٩	8	Inventones for sale or use			8	
	9	Prepaid expenses and deferred charges	1 1		9	
	10a	Land, buildings, and equipment cost or other				<u>'</u>
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		ļ	12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		100, 200	15	010 010
	16	Total assets. Add lines 1 through 15 (must equal line 33)	102,329	16	219,310
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19	<u> </u>	
	20	Tax-exempt bond liabilities	0-1		20	
	21	Escrow or custodial account liability Complete Part IV of			21	
<u>8</u>	22	Loans and other payables to any current or former office		,		
Liabilities		trustee, key employee, creator or founder, substantial co				<u> </u>
Lia	22	controlled entity or family member of any of these person			22	
	23 24	Secured mortgages and notes payable to unrelated third	•		23 24	
	25	Unsecured notes and loans payable to unrelated third pa			24	
	23	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24)				
		of Schedule D	Complete Fait X]	25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
_		Organizations that follow FASB ASC 958, check here	► X			
S		and complete lines 27, 28, 32, and 33.				
Š	27	Net assets without donor restrictions		102,329	27	219,310
3ak	28	Net assets with donor restrictions		28		
ᅙ		Organizations that do not follow FASB ASC 958, check	k here ▶			, 1
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	-
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund		30	
488	31	Retained earnings, endowment, accumulated income, or		31		
et /	32	Total net assets or fund balances		102,329	32	219,310
Z	22	Total liabilities and net assets/fund halances		102,329	33	219.310

Forn	1 990 (2019) SIERRA-CASCADE ENVIRONMENTAL & 27-4982199			Pag	ge 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		95,2	
3	Revenue less expenses Subtract line 2 from line 1	3		<u> 16,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	02,3	329
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	_ 10	2:	19,3	310
Pa	rt XII Financial Statements and Reporting				\equiv
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		[]		
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in		[.]	3 4]بي م
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ا بر خ	- 4	
	reviewed on a separate basis, consolidated basis, or both				, ,
	Separate basis Consolidated basis Both consolidated and separate basis		<u>-</u> _		- 1, 1
b	Were the organization's financial statements audited by an independent accountant?		2b		X _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		<i>t</i> . ″	14 m	7
	separate basis, consolidated basis, or both		1	ا الم	٠.
	Separate basis Consolidated basis Both consolidated and separate basis		<u> - - </u>	5 t	انــ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1	. 1	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		-		1
	Schedule O		<u> </u>		
За	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	m 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

2019

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

SIERRA-CASCADE ENVIRONMENTAL & Em

Employer Identification number 27-4982199

RESOURCE FUND, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (III) Type of organization organization (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) (A) (B) (C) (D) (E)

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

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

	tine Organization rails to	quality under ti	ie lesis listeu i	below, please co	omplete Fait it	/	
$\overline{}$	ction A. Public Support	1-1-1-0045	4.20040	(-) 0047	(4) 0040	(-) 0040 T	(D. T. t. t
	, (,	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	120,529	143,139	208,082	173,430	312,192	957,372
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		2				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4,255	6,980				11,235
4	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	124,784	150,119	208,082	173,430	312,192	968,607
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		<u>-</u>	-			968,607
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	124,784	150,119	208,082	173,430	312,192	968,607
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		İ				
	and 12)	124,784	150,119	208,082	173,430	312,192	968,607
14	First five years. If the Form 990 is for the organization, check this box and stop her	е		urth, or fifth tax year	as a section 501	(c)(3) 	.
<u>Sec</u>	tion C. Computation of Public St	upport Percent	age			· · · · · · · · · · · · · · · · · · ·	<u></u>
15	Public support percentage for 2019 (line 8	, column (f), divided	l by line 13, colum	nn (f))		15	100.00 %
16	Public support percentage from 2018 Sche					16	100.00 %
	tion D. Computation of Investme				<u> </u>	1 1	
17	Investment income percentage for 2019 (I	• • •	-	3, column (f))		17	<u>%</u>
18	Investment income percentage from 2018			4441		18	%_
19a	33 1/3% support tests—2019. If the orga						▶ 🔽
_	17 is not more than 33 1/3%, check this bo	•	•		· · · · · ·		► X
ь	33 1/3% support tests—2018. If the organine 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did	•	_	•	• •	-	• 🗆
						abadula A /Farm 00	0 000 ET\ 0040

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Sup	porting O	rganizations
------------	---------	-----------	--------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

			
		Yes	No 1
	1		لـــا
	2		
	3a		,
	3b		
	3c		
	4a		
	 4b		
	,	<i>.</i>	,
	4c		
	•		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a_		
(Fo	10b	or 990-	EZ) 2019

Sched	ule A (Form 990 or 990-EZ) 2019 SIERRA-CASCADE ENVIRONMENTAL & 27-498219	19		Page 5
Pai	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, '		ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1]
2	Did the organization operate for the benefit of any supported organization other than the supported			
4	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
				-
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2		
Soct	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations			<u> </u>
oect	ion of Type it Supporting Organizations		Yes	No.
	Mars a resemble of the appropriation's dispators of trustees dispare the toy year along a majority of the dispators		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
S	the supported organization(s)	1		L
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1-1-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
		1	-	
2 /	Activities Test Answer (a) and (b) below	\longrightarrow	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	_	

<u>Schedu</u>	le A (Form 990 or 990-EZ) 2019 SIERRA-CASCADE ENVIRONMENTAL	<u>. &</u>	<u>27-4982</u>	199 Page 6
<u>Par</u>	t V 1 Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>aniza</u>	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	2 0,	1970 (explain in Part VI) S	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	com	olete Sections A through E	
Secti	on A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		•	!
inst	ructions for short tax year or assets held for part of year)			
	a Average monthly value of secunties	1a		<u></u>
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	··-
	e Discount claimed for blockage or other			1
	factors (explain in detail in Part VI)			·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section—	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3 _		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see_instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated T	ype II	I supporting organization (s	ee
_	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

and 4c

8 Breakdown of line 7

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

SIERRA-CASCADE ENVIRONMENTAL &

27-4982199

age 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

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10/22/2020
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public

2

2019 Inspection

OMB No 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Employer identification number X ≺es 27-4982199 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? ► Go to www irs gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ENVIRONMENTAL General Information on Grants and Assistance INC. SIERRA-CASCADE RESOURCE FUND, Name of the organization Part Part II

(h) Purpose of grant or assistance 2 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 7,999 7,999 16,498 15,832 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) CA 96049-6006 | 68-0175047 27-2844327 (p) EIN (2) FORESTRY INSTITUE FOR TEACHERS CA 95814 CA 95682 CA 95437 (a) Name and address of organization 1215 K STREET, SUITE 1835 (3) THE FOREST FOUNDATION (4) FOREST EDUCATORS, INC or government 3140 SIERRAMA DRIVE P.O. BOX 496006 (1) SHASTA COLLEGE P.O. BOX 2542 SHINGLE SPRINGS SACRAMENTO FORT BRAGG 6 8 <u>@</u> 3 9

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) SIERRA-CASCADE ENVIRONMENTAL &	DE ENVIRONMENT		27-4982199		Page 2
*Partills Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	to Domestic Individuals nonal space is needed	s. Complete if thė oi	ganization answered	"Yes" on Form 990, Part	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 EDUCATION GRANTS	32	37,000			
2					
3					
4					
9					
9					
7					
Supplemental Information. Provide the information required in Part I. line 2. Part III. column (b), and any other additional information	ovide the information requ	uired in Part I, line 2	Part III. column (b)	and any other additional	Information

SIERE 10/22/2020 2 15 PM

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization SIERRA-CASCADE ENVIRONMENTAL & RESOURCE FUND, INC.

Employer identification number 27-4982199

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
COPIES OF THE 990EZ TAX RETURN ARE PROVIDED TO THE BOARD FOR APPROVAL THEN
THE SECRETARY/TREASURER SIGNS ONCE BOARD HAS APPROVED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

	TOT/PROG	SERVICE	MGT &	GENERAL	FUNDRAISI	NG		
FFA COMPETITION								
	\$	6,328	\$	0	\$	0		
GAMES								
	\$	6,001	\$	0	\$	0		
SIERRA CENTAL IN THE WOOD								
	\$	2,964	\$	0	\$	0		
WILD THINGS								
	\$	2,500	\$	0	\$	0		
SILENT AUCTION								
	\$	1,141	\$	0	\$	0		
BANK & CREDIT CARD CHARGE								
	\$	0	\$	1,073	\$	0		
SIERRA CENTAL EDUCATION								
	\$	347	\$	0	\$	0		
STATE AND FEDERAL FEES								

Schedule O (Form 990 c	or 990-EZ) (2	019)				Page 2
Name of the organization					Employer identifica	
SIERRA-CASC	ADE EN	VIRONMENTAL &	<u>.</u>		27-4982199	
	\$	0	\$	60	\$	0
TOTAL						
	Ś	19.281	Ś	1.133	Ś	0