### Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calen	dar year,	or tax year beginning $7/01$ , 2009, and ending	$\frac{6}{3}$	10		, 2010					
В	Check if	applicable:		С		D Employe	er Identif	fication Number					
	Add	Iress change	Please use IRS label	COLLEGE OF THE SISKIYOUS FOUNDATION		94-3	31468	301					
	-	ne change	or print or type.	800 COLLEGE AVENUE		E Telepho	ne numb	er					
	-	al return	See specific	WEED, CA 96094		(530	)) 93	38-5529					
	-		Instruc-		ŀ								
		mination	tions.			<b>G</b> Gross receipts \$ 859,650.							
	<b></b>	ended return	<u>-</u>	TACK COOK									
	App	lication pending	l	and address of principal emost. STICIT COOT	H(a) Is this a H(b) Are all a			<b>⊨</b> 1	X No				
			·	AS C ADOVE		attach a list.		tructions) Yes	∐_ No				
<u> </u>	Tax-	exempt statu											
J	Web	sit <b>e: ►</b> HT	TP://W	WW.SISKIYOUS.EDU/PUBLICRELATIONS/FOUN	H(c) Group e	xemption nu	mber 🟲						
K	Form	of organization:	X Corpora	ation Trust Association Other ► L Year of Formation	on: 1991	. Mis	tate of le	egal domicile: CA					
Pa	art I	Summa											
Destable.				ganization's mission or most significant activities: THE MISS	ON OF	THE C	OS A	UXILIARY					
				TO SOLICIT AND RECEIVE CONTRIBUTIONS AND									
nce				SUPPORT THE EDUCATIONAL PROGRAMS AND GENE									
Activities & Governance		OF_THE_S			MALL WA	d-(dr. 4.24-34-1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. *TT-1" 25 25-43-400 2	<del>-</del>				
Vel	1	Check this bo	^ ►	if the organization discontinued its operations or disposed of mo	re than 25	5% of its	assets						
တိ	1			bers of the governing body (Part VI, line 1a)			3	•	15				
જ				at voting members of the governing body (Part VI, line 1b)			4		15				
ties				es (Part V. line 2a)			5		0				
Ξ				eers (estimate if necessary)			6		15				
Ac				pusiness revenue from Part VIII, column (C), line 12			7a		0.				
				s taxable income from Form 990-T, line 34			7 b		0.				
_	, D	ter difference	, publica.	taxasic income noni i omi 330 i, inic o i				Current Y					
		S 1 21 12	,	1 (D. 13/III E., 11-3		rior Year 237,5	11		,211.				
ē				ats (Part VIII, line 1h)					,325.				
en				ue (Part VIII, line 2g)		83,5							
Revenue	1			art VIII, column (A), lines 3, 4, and 7d)		61,2			<u>, 533.</u>				
ш	i i		-	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-74,9			<u>,027.</u>				
	+	<del></del>		nes 8 through 11 (must equal Part VIII, column (A), line 12)		307,3			<u>,096.</u>				
	13 (	Grants and si	imilar am	ounts paid (Part IX, column (A), lines 1-3)		19,1	55.	32	<u>,723.</u>				
	14 E	Benefits paid	to or for	members (Part IX, column (A), line 4)									
	15	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					62.						
ses	16a F	Professional	fundraisir	ng fees (Part IX, column (A), line 11e)		4,4	24.						
Expenses						,							
Ĕ	1			nses (Part IX, column (D), line 25) -		100 5	ГС	154 144					
	1	•		X, column (A), lines 11a-11d, 11f-24f)		136,5			,144.				
	1	•		nes 13-17 (must equal Part IX, column (A), line 25)		202,4			,867.				
	19 F	Revenue less	expense	s. Subtract line 18 from line 12		104,8	41.	281	<u>,229.</u>				
5 g					Begin	ning of Y	ear	End of Ye	ear				
lan	20 7	Fotal assets (	(Part X, li	ne 16)	. 2	,010,0	56.	2,455	,333.				
AB	21 7			, line 26)		7,0	36.	41	,808.				
Net Assets or Fund Balances	22 N		•	ances. Subtract line 21 from line 20		,003,0	20	2,413	525				
D:	art II	<del>/</del>	ure Bloc		<u> </u>	,005,0	20.1	2,113	,020.				
	41 ( 11						£	unledge and balist	it ic				
		true, correct, a	is of perjury, and complete	I declare that I have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any k	nowledge.	i iliy kiic	owieuge and belief,	It is				
c:,	~ 12	<b>&gt;</b>			1								
Siç He		Signature	of officer		lDat	e							
110	16	Signature	of officer		200								
		Tuna ar na	ial nama an		the Card Card	r B. 42 B 4. 15							
		Type or pr	int name an	E 8 4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			De	opororio idontifuino	numbor				
_			H V.	Date in the Company of the Company o	Ch	eck if	(Se	eparer's identifying ee instructions)	Humber				
Pa		Preparer's	_	NYSTROM & COMPANY LLP		nployed -							
Pre		signature	<b>&gt;</b>	Certified Public Accountants			N	/A					
	rer's	Firm's name (o	or NYS	TROM & COMPANY (LEPUTCPASI · P.O. Box 990700		;							
Us		yours if self- employed),	172	6 COURT STREET Coding California 96099-0700	EII	N ► N	/A						
On	пу	address, and ZIP + 4		DING, CA 96001-1720			(530	0) 241-25	15				
	v the ID		~	with the preparer shown above? (see instructions)				X Yes	No				
110	, ui (O II \	,- 4,00433 (11		a.c proparer energy above, (acc mathematically , , , , , , , , , , , , , ,		<b></b> .		11 1					

Form 990 (2009) COLLEGE OF THE SISKIYOUS FOUNDATION

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
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	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 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	X	
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		X
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		X
ł	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
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		X
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		X
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	Х	
	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 20		X
ZU	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		<u> </u>	1 1

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Form 990 (2009) COLLEGE OF THE SISKIYOUS FOUNDATION

Part IV Checklist of Required Schedules (continued)

ialie).			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	x	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</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 I</i>	25b		X
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		X
28	·			
	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a		X
	<b>b</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		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		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
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	X	
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		X
36	organization? Îf Yes, complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 1 a Information Returns. Enter -0- if not applicable ...... 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ...... 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners?..... 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... 0 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...... 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 X За this return? 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 4a X financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... **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 X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 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?..... 50 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 Χ b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?..... 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 7 2 Χ provided to the payor?..... 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract?..... f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... 7f 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? 8 9 Sponsoring organizations maintaining donor advised funds. 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...... 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders..... 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?...... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....

BAA

Form 990 (2009)

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

Sec	tion A. G	Roverning Body and Management					· · · · · · · · · · · · · · · · · · ·	·		
			1	. 1		a = [55000	Yes	No		
		umber of voting members of the governing body	· ·	1 a		15				
		umber of voting members that are independent	-	1 b		15				
2	officer, dire	cer, director, trustee, or key employee have a family relationship or a b ctor, trustee or key employee?						X		
3	Did the organ	anization delegate control over management duties customarily perform directors or trustees, or key employees to a management company or o	ned by or u other perso	nder in?	the direct superv	vision 3		X		
4	Did the orga	anization make any significant changes to its organizational documents	5			4		X		
		ior Form 990 was filed?								
5	_	anization become aware during the year of a material diversion of the o	-				-	X		
6		ganization have members or stockholders?				6	-	<u>X</u>		
	governing b	ganization have members, stockholders, or other persons who may ele ody?						X		
ŀ	-	cisions of the governing body subject to approval by members, stockhol					)	X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
		ng body?								
		ittee with authority to act on behalf of the governing body?				3	X			
9	Is there any organization	officer, director or trustee, or key employee listed in Part VII, Section 's mailing address? If 'Yes,' provide the names and addresses in Sche	A, who car edule O	not b	e reached at the	9		X		
		<b>Tolicies</b> (This Section B requests information about polici	cies not r	equi	red by the int	ternai				
Reve	enue Code.)						Yes	No		
10 a	Does the or	ganization have local chapters, branches, or affiliates?				10		X		
	if 'Ves ' doe	s the organization have written policies and procedures governing the	activities of	f such	chanters affilia	ates	-			
	and branche	es to ensure their operations are consistent with those of the organizati	tion?			10		ļ		
		anization provided a copy of this Form 990 to all members of its govern					<u> </u>			
		Schedule O the process, if any, used by the organization to review this					Т	Γυ		
		ganization have a written conflict of interest policy? If 'No,' go to line 1				12	3	X		
	to conflicts?	, directors or trustees, and key employees required to disclose annually				12	<b>3</b>			
	Schedule O	ganization regularly and consistently monitor and enforce compliance v				12		ļ		
		ganization have a written whistleblower policy?					37	X		
14		ganization have a written document retention and destruction policy?				122332566	X			
15		cess for determining compensation of the following persons include a remparability data, and contemporaneous substantiation of the deliberati						17		
	-	ation's CEO, Executive Director, or top management official					-	X		
t		rs of key employees of the organization				15	0	X		
		ne 15a or 15b, describe the process in Schedule O. (See instructions.)				ove ble				
	entity during	anization invest in, contribute assets to, or participate in a joint venture the year?				16	a	Х		
t	lf 'Yes,' has in joint vent status with r	the organization adopted a written policy or procedure requiring the or ure arrangements under applicable federal tax law, and taken steps to respect to such arrangements?	rganization safeguard	to ev the o	valuate its partici organization's ex	empt <b>16</b>	ь			
		isclosures								
17	List the state	es with which a copy of this Form 990 is required to be filed $ ightharpoonup \_CA$								
18	inspection. I	4 requires an organization to make its Forms 1023 (or 1024 if applicab Indicate how you make these available. Check all that apply.	ole), 990, ar	nd 99	0-T (501(c)(3)s (	only) availa	ble for	public		
	Own we	The state of the s						_		
		Schedule O whether (and if so, how) the organization makes its govern available to the public. SEE SCHEDULE O						ancial		
		ame, physical address, and telephone number of the person who posse OSS - CONTROLLER 800 COLLEGE AVENUE WEED CA					ation: 			

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

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

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

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

Check this box if the organization did no	ot compen	sate a	iny d	curre	ent o	officer	, dir	ector, or trustee.				
(A) (B) (c) (D) (E) (F)  Name and Title Average Position (check all that apply) Reportable Reportable Stimated Pours Pou												
	Average	Posi	tion (			hat appl	y)	Reportable	Reportable	Estimated		
	per week	Indi or d	Inst	Officer	Кеу	High	Former	compensation from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation		
		vidu	tutic	Cer	Key employee	nest	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related		
		5 E	nal		oloye	com				organizations		
SEE SCHEDULE O		Individual trustee or director	Institutional trustee		æ	Highest compensated employee						
SUE BOSTON												
DIRECTOR	1	X						0.	0.	0.		
ROBERT DAVIS												
DIRECTOR	1	X						0.	0.	0.		
MARGARET DEAN												
DIRECTOR	1	X						0.	0.	0.		
ROBERT RICE												
DIRECTOR	1	X						0.	0.	0.		
RAND ROSELLI												
DIRECTOR	1	X						0.	0.	0.		
BRIAN FAVERO	_											
DIRECTOR	11	_X_						0.	0.	0.		
RONDA GUBETTA												
DIRECTOR	1	X						0.	0.	0.		
JACK COOK								_	_	_		
PRESIDENT	1	Х		Χ				0.	0.	0.		
SHARON_STROMSNESS	_											
DIRECTOR	1	Х						0.	0.	0.		
GREG MESSER												
VICE PRESIDENT	1	X		Χ				0.	0.	0.		
RICH DIXON	-	1,								0		
DIRECTOR	1	X						0.	0.	0.		
RENNIE CLELAND	-	3.7							0	0		
DIRECTOR	1	X						0.	0.	0.		
CHERI YOUNG	] ,	٧,,						0.	0.	0		
DIRECTOR TACK DIMNET C	1	X						0.	U.	0.		
JACK RUNNELS	- 1	Х						_	0	0		
DIRECTOR  RANDALL C. LAWDENCE	1	Λ_						0.	0.	0.		
RANDALL C. LAWRENCE	1 1	Х						0.	170,000.	16,733.		
DIRECTOR CONNIE MARMET								U .	1/0,000.	10, 133.		
DIRECTOR	1	Х						0.	0.	0.		
DEBORRA BRANNON	<del>                                     </del>							U .	0.	<b>U</b> .		
DIRECTOR	1 1	Х						0.	0.	0.		
DIVECTOR	<u> </u>	Λ						U • I	U.	<u> </u>		

**BAA** TEEA0107L 11/10/09 Form **990** (2009)

Part VII Section A. Officers, Directors, Trus		(ey	En			es,	an			
(A)	(B)	D:	<i>1</i>		c)	· · -	1. A	(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Highest compensated employee		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
DENNIS SBARBARO DIRECTOR	1	Х						0.	0	. 0.
CHRIS VANCIL DIRECTOR	1	Х						0.	0	. 0.
ROBIN STYERS DIRECTOR	1	Х						0.	0	. 0.
						·				
1 b Total							<b>&gt;</b>	0.	170,000	
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	abo	ove)	) wh	o re	ceived more than	\$100,000 in repo	rtable compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater tindividual.</li> <li>5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Scheduler</li> </ul>	ndividua portable han \$15	al e cor 50,00 	npe 00?	nsal If 'Y	tion 'es'	and	oth	er compensation e Schedule J for	from such	
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of	
compensation from the organization.  (A)								(B	),,,	(C)
Name and business addres	S							Description of	or Services	Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	nose	list	ed a	bove) who receiv	ed more than	

Fa	t viii Statement of Revenue					
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e					
CONTRIBUT AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above		321,211.			
	II Total. Add lines Ta-II		JZ1, Z11.	10.00		
핅		Business Code				
Z	2a THRIFTSTORE SALES		64,301.			64,301.
≅			<del> </del>	<del></del>		04,001.
22	b PERFORMING ARTS REVENUES		21,259.	21,259.		
2	c OTHER PROGRAM REVENUES		765.	765.		
≥						
SE	d		ļ			
ΑŽ	e					
굕	f All other program service revenue					
PROGRAM SERVICE REVENUE	, -	*·····	06 225			
Δ.	g Total. Add lines 2a-2f	ls, interest and	86,325. 55,999.			55,999.
	4 Income from investment of tax-exemp	t bond proceeds				
	<b>5</b> Royalties	<b>•</b>				
	(i) Real	(ii) Personal				
		(ii) i eisonai	-			
	6a Gross Rents					
	<b>b</b> Less: rental expenses.					
	c Rental income or (loss)					
	•					
	d Net rental income or (loss)	<u> </u>				
	7a Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory. 347, 175		]			
	assets other than inventory.	•	-			15 10 10 10 10 10 10
	<b>b</b> Less: cost or other basis					
	and sales expenses 362,641					
	c Gain or (loss)15,466					
	d Net gain or (loss)		-15,466.			-15,466.
	u Net gain or (loss)		-13,400.			
ENUE	8a Gross income from fundraising events (not including. \$					
Ú	· · · · · · · · · · · · · · · · · · ·	04 ==0				
8	See Part IV, line 18				100	
OTHER REVEN	<b>b</b> Less: direct expenses	b 8,913.				
0	c Net income or (loss) from fundraising	events. ►	12,645.			12,645.
	9a Gross income from gaming activities. See Part IV, line 19					
	<b>b</b> Less: direct expenses	b				
	·	<del></del>				
	c Net income or (loss) from gaming acti	viues				
	10 a Gross sales of inventory, less returns and allowances	a				
	<b>b</b> Less: cost of goods sold	h				
ļ	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code				
	11a CHNG IN VALUE REMNDR TRST		27,382.	27,382.		
	b					
ĺ	c					
l	d All other revenue					
l	e Total. Add lines 11a-11d	▶	27,382.			
	12 Total revenue. See instructions		488,096.	49,406.	0.	117,479.

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) but are not required to complete columns (B), (C), and (D).

Do I	All other organizations must com	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
<i>6b,</i> 1	7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U.S. See Part IV,	10.047	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,947. 21,776.	10,947. 21,776.		
3		22,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees)			1	
	Management				
	Legal			5,525.	
	Accounting			3,323.	
	I Lobbyinge Prof fundraising svcs. See Part IV, In 17				
	Investment management fees	1			
	7 Other		37,398.		
-	Advertising and promotion		323.	6,490.	
13	Office expenses.	0,013.	525.	<u> </u>	
14	Information technology		MANAGE MA		
15	Royalties				
16	Occupancy		9,696.		
17	Travel	10,231.	10,156.	75.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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.)	58,385.	50,249.	8,136.	
	SUPPLIES FOOD SERVICE	13,685.	8,583.	5,102.	
	MISCELLANEOUS	9,269.	7,887.	1,382.	
	NEW EQUIP	8,224.	7,007.	8,218.	
	INEW EQUIT	5,483.	5,483.	0,210.	
	All other expenses	9,435.	6,572.	2,863.	
	Total functional expenses. Add lines 1 through 24f	206,867.	169,076.	37,791.	0.
26	Joint costs. Check here ► if following	200,007.	200,070:		
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2009)
BAA	<b>L</b>				FUIIII <b>330</b> (2009)

Part X Balance Sheet

			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.		1	
	2	Savings and temporary cash investments	161,179.	2	261,799.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,531.	4	832.
	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	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ī	9	Prepaid expenses and deferred charges	1,150.	9	1,150.
•	_	Land, buildings, and equipment: cost or other basis.   10a			
		Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	Rombold, de Colo, a colo establista de la propiesa di procesa di establista de la colo de la colo de la colo d La colonia de la colonia d	10 c	\$0.00000 ANY CONTROL OF THE CONTROL OF T
	11	Investments — publicly-traded securities.	1,180,116.	11	1,498,090.
	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	666,080.	15	693,462.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,010,056.	16	2,455,333.
	17	Accounts payable and accrued expenses	7,036.	17	41,808.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<b>イB</b>	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	
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		25	
	26	Total liabilities. Add lines 17 through 25	7,036.	26	41,808.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.			
ş		Unrestricted net assets	581,051.	27	609,024.
ASSET'S		Temporarily restricted net assets.	955,348.	28	1,320,115.
	29	Permanently restricted net assets	466,621.	29	484,386.
Q R		Organizations that do not follow SFAS 117, check here ► and complete			
DZC		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
¥	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds	2 002 020	32	2 412 525
Ę	33	Total net assets or fund balances	2,003,020.	33	2,413,525.
<b>ə</b>	34	Total liabilities and net assets/fund balances	2,010,056.	34	2,455,333.

BAA Form 990 (2009)

Form 990 (2009)

**Financial Statements and Reporting** Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... Χ b Were the organization's financial statements audited by an independent accountant?..... c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2 c Χ review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis 3 a Χ b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3 b

BAA

#### 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)

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or 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 4 name, city, and state: 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.) 5 6 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 7 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 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III — Functionally integrated d Type III— Other b Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization?..... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... Provide the following information about the supported organizations h (v) Did you notify the organization in col. (i) of your support? (i) Name of Supported (ii) EIN (iv) Is the organization in col. (vi) Is the organization in col. (vii) Amount of Support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) Organization (i) listed in your (i) organized in the U.S.? governing document? Yes Yes Yes No No Nο Total

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

Sche	edule <b>A</b> (Form 990 or 990-EZ) 200	9 COLLEGE	OF THE SISK	IYOUS FOUND	ATION	94-3146801	
Par	t II Support Schedule for				b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	: 1.)			
	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.')	75,562.	143,172.	767,584.	237,544.	321,211.	1,545,073.
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	75,562.	143,172.	767,584.	237,544.	321,211.	1,545,073.
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)						10,308.
6	Public support. Subtract line 5 from line 4						1,534,765.
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	75,562.	143,172.	767,584.	237,544.	321,211.	1,545,073.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	40,351.	32,573.	92,522.	61,235.	55,999.	282,680.
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.)SEE. PART . IV	81,175.	88,232.	22,339.	-74,941.	40,027.	156,832.
11	Total support. Add lines 7 through 10						1,984,585.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				0.
13	First five years. If the Form 990 organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						77.3%
	Public support percentage from	•				***************************************	73.1%
	33-1/3 support test — 2009. If the and stop here. The organization 33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a put e organization did	olicly supported or not check a box	rganization on line 13, or 16a	 , and line 15 is 3	3-1/3% or more, o	check this box

17 a 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...... ▶ □

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

Page 3

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

(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you crie-	cked the box on ii	ne 9 of Part 1.)				
	tion A. Public Support	<b></b>	T		r		
Caler	ndar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	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						
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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	1					
	a 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	ond, third, fourth,	or fifth tax year a	s a section 501(c)(	3)
	tion C. Computation of Pu						
·	Public support percentage for 20			ine 13 column (f)	)		%
	Public support percentage from 3	•					%
	tion D. Computation of Inv						,,,
	Investment income percentage f				ımn (f))	17	%
	Investment income percentage i	•	• •	-			
	a 33-1/3 support tests — 2009. If the comore than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	3%, and line 17 is no	t
b	nore than 33-1/3%, check this b 33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	he organization di	id not check a bo	ox on line 14 or 19	a, and line 16 is	more than 33-1/3%	and line 18
	Private foundation. If the organi		-				*******

Schedule A	(Form	990 or	990-E	Z) 2009	CO	LLEG	E OF	THE	: SI	SKI	YOUS	FOUN	NDATIC	N	94	-314	6801		Page 4
Part IV	Supp	lemer	ntal Ir	ıform	ation.	Comp	olete	this p	oart	to p	rovide	the e	explana	ations r onal int	equire	d by F	Part II	, line 1	0;
	Part I	I, line	17a	or 17	o; and	l Part	<u>III, lir</u>	ne 12	2. P	rovid	le any	other	additi	onal int	format	ion. S	ee ins	structio	ns.
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2009 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5
CLIENT 4786-002 COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE 2009 2008 2007 2006 2005

TOTAL \$ 0. \$ 0. \$ 0. \$ 0.

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization		Employer identification number						
COLLEGE OF THE SISKIYOUS FOUND	94-3146801							
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pr 501(c)(3) taxable private foundation	ivate foundation						
Check if your organization is covered by the <b>Ge Note:</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. Anization can check boxes for both the General Rule and a	Special Rule. See instructions.						
General Rule —  For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one						
Special Rules —								
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support test of t one contributor, during the year, a contribution of the greater of r (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne regulations under sections (1) \$5,000 or (2) 2% of the						
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,000 prevention of cruelty to children or animals.	ation filing Form 990 or 990-EZ, that received from any on 0 for use <i>exclusively</i> for religious, charitable, scientific, lite Complete Parts I, II, and III.	e contributor, during the year, erary, or educational purposes, or the						
contributions for use <i>exclusively</i> for religious this box is checked, enter here the total corpurpose. Do not complete any of the parts of the part	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively							
religious, charitable, etc, contributions of \$5	5,000 or more during the year	\$						
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Se 2 of their Form 990, or check the box on line H of its Forg grequirements of Schedule B (Form 990, 990-EZ, or 990-	m 990-EZ, or on line 2 of its Form						
BAA For Privacy Act and Paperwork Reduction for Form 990, 990EZ, or 990-PF.	on Act Notice, see the Instructions Sched	ule B (Form 990, 990-EZ, or 990-PF) (2009						

COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREGORY & CHRISTINE MESSER  1920 EDDY CIRCLE  MOUNT SHASTA, CA 96067	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

Employer identification number 94-3146801

COLLEGE OF THE SISKIYOUS FOUNDATION

Part II Noncash Property (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I N/A (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	organizations aggregating more th	nan \$1,000 for the year.(Co	omplete cols	(a) through (e) and the following line entry.)		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of <i>exclusively</i> religious, ch	naritable, etc,	ons.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Joe marraer	(d)  Description of how gift is held		
Tarei	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift					
	Transferee's name, addres	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held			
<b></b>						
	Transferee's name, addres	(e) Transfer of gift as, and ZIP + 4				
	Transferee's flame, addres	5) WILL ET	Nela	ationship of transferor to transferee		

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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

Open to Public Inspection

Employer Identification number COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate contributions to (during year)..... Aggregate grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??..... Nο Yes Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the Held at the End of the Year a Total number of conservation easements..... 2a 2b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) ...... d Number of conservation easements included in (c) acquired after 8/17/06..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?...... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1..... 

Schedule D (Form 990) 2009 COLLEG				94-314			Page 2		
Part III Organizations Maintair									
3 Using the organization's acquisitio items (check all that apply):	n accession and oth	,		that are a significant us	e of its c	ollectio	n		
a Public exhibition d Loan or exchange programs									
<b>b</b> Scholarly research		e X Other	INVESTMENT						
c Preservation for future genera									
4 Provide a description of the organ Part XIV. SEE PART XIV									
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or receive ther than to be main	donations of art, h tained as part of t	istorical treasures, d he organization's co	or other similar bllection?	Yes	Χ	No		
Part IV Escrow and Custodial 9, or reported an amou	Arrangements (	complete if orga	anization answe			t IV, I	ine		
1a Is the organization an agent, trust included on Form 990, Part X?				her assets not			<u> </u>		
					Yes		No		
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIV and comp	olete the following	table:		A 1				
- Denimalian habana				1.0	Amount				
c Beginning balance				f			<del></del>		
d Additions during the year							<del></del>		
e Distributions during the year							<del></del>		
<ul><li>f Ending balance</li><li>2a Did the organization include an an</li></ul>				L	Yes	T	No		
<b>b</b> If 'Yes,' explain the arrangement i		rait A, inte Zi :			165	L			
Part V Endowment Funds Com		tion answered	'Yes' to Form 9	90 Part IV line 10			<del></del>		
Larev   Liluowillent i ulius con	(a) Current year	(b) Prior year	(c) Two years bac		1	our years	hack		
1 a Beginning of year balance	1,077,327.	1,038,686	12/22/26/2016 Section of the common c	(u) Three years buck	(6)	Jai Joan	, buon		
<b>b</b> Contributions	240,937.	170,335	SARSH-REGISSOSSIAN MARIERO ORGANISANO PRODUCTION DE LA CASTA DEL CASTA DE LA CASTA DE LA CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DEL CASTA DEL CASTA DE LA CASTA DEL CASTA D						
	240,337.	170,330							
c Net Investment earnings, gains, and losses	145,413.	-107,225							
d Grants or scholarships	38,081.	24,469	Section (Section (Sec						
e Other expenditures for facilities									
and programs					+				
f Administrative expenses	1 105 505				-				
g End of year balance		1,077,327	•						
2 Provide the estimated percentage									
a Board designated or quasi-endowr		<u>.00</u> %							
b Permanent endowment ►									
c Term endowment ►	%								
3a Are there endowment funds not in organization by:	,	-				Yes	No		
(i) unrelated organizations					3a(i)		X		
(ii) related organizations							X		
<b>b</b> If 'Yes' to 3a(ii), are the related or									
4 Describe in Part XIV the intended					PART X	ΤΛ			
Part VI Investments—Land, Bu									
Description of investment	(inv	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(a) B	ook Va	aiue 		
<b>1a</b> Land									
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment									
e Other  Total. Add lines 1a through 1e (Column		a 000 Part V act	umn (D) lina 10/a\\	<b> </b>			0.		
otal Add lines to through te (Columni	(u) must equal FOM	1 990, FAILA, COIL	$m_1(D)$ , $m_2(C)$ .)		tule <b>D</b> (E	orm 00			

Schedule **D** (Form 990) 2009

94-3146801

Page 3

for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)		488,096.
2 Total expenses (Form 990, Part IX, column (A), line 25)		206,867.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		281,229.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		100 000
8 Other (Describe in Part XIV) SEE PART. XIV		129,276.
9 Total adjustments (net). Add lines 4 through 8		129,276.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		410,505.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	T	710 400
<ul><li>1 Total revenue, gains, and other support per audited financial statements</li></ul>	1	718,499.
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	-	
d Other (Describe in Part XIV)	-	
e Add lines 2a through 2d.	2 e	230,403.
3 Subtract line 2e from line 1.	3	488,096.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		100,000.
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	1	
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		488,096.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1 Total expenses and losses per audited financial statements	1	307,994.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	101,127.
3 Subtract line 2e from line 1	3	206,867.
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 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	206,867.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this painformation.		
PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHER	RS EXEN	WPT PURPO 
AS IT RELATES TO THE GEM AND ART COLLECTION, THE FOUNDATION INTENDS	ro reti	AIN THESE
AS INVESTMENTS AND SELL THE ITEMS ON AN AS-NEEDED BASIS. INVESTMENTS	S ARE !	MAINTAINED
TO EARN INTEREST AND INCREASE IN VALUE IN ORDER TO PAY SCHOLARSHIPS :	ro stu	DENTS OF
COLLEGE OF THE SISKIYOUS.		
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
DONOR-RESTRICTED SCHOLARSHIP ENDOWMENT FUNDS CONSIST OF PERMANENTLY I	RESTRI	CTED
CONTRIBUTIONS RECEIVED FOR VARIOUS SCHOLARSHIP PROGRAMS. EARNINGS OF	N THES!	E
DAA		<b>n</b> / 000\ 0000

Schedule D (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION  Part XIV Supplemental Information (continued)	94-3146801	Page 5
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)		
ENDOWMENTS ARE USED FOR THE PAYMENT OF SCHOLARSHIPS UNDER THE VAR	IOUS PROGRAMS.	
DONOR-RESTRICTED TITLE III ENDOWMENT FUNDS ARE FEDERAL GRANT RECE		.ng
CONTRIBUTIONS) WHICH ARE TO BE HELD FOR A PERIOD OF TWENTY YEARS.		
FUNDS ARE TO BE SPENT ON MAINTENANCE OF THE RURAL HEALTH SCIENCE		
END OF THE TWENTY YEAR PERIOD, THE GRANT PROCEEDS AND MATCHING CO		
AVAILABLE TO BE USED TO PAY VARIOUS RURAL HEALTH SCIENCE INSTITUE		
EXPENDITURES.		
	· <del></del>	

Schedule b (Louin 330) 5003 COTTERE OF THE STRUTTORS LOUNDALTON	34-3140001	rage o
Part XIV Supplemental Information (continued)		
·		

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#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

Open to Public Inspection

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?...... Yes b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser (vi) Amount paid to (or retained by) organization (or retained by) fundraiser listed in (i) Name of individual (ii) Activity (iv) Gross receipts have custody or control or entity (fundraiser) from activity of contributions? col.(i) Yes No 0. List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ar	nswered 'Yes' to Fo a. List events with g	rm 990, Part IV, lir gross receipts grea	ne 18, or iter than \$5,000.
R		· · ·	(a) Event #1  GOLF TOURNAMEN  (event type)	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
REVENU	1	Gross receipts	17,344.			17,344.
Ĕ	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	17,344.			17,344.
	4	Cash prizes				
_	5	Noncash prizes				
D R E C T	6	Rent/facility costs	5,184.			5,184.
	7	Food and beverages				
X	8	Entertainment				
EXPERSES	9	Other direct expenses	2,879.			2,879.
5	10		nrough 9 in column (d).			8,063.
FOR THE SECOND	11	Net income summary. Combine lines 3, o	column (d) and line 10.		<b></b>	9,281.
Pai	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
n N						
	1_	Gross revenue				
D X	2	Cash prizes				
D I R E C T S	3	Non-cash prizes				
' š	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			•
,	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	<u> </u>	. VEG NO
		er the state(s) in which the organization op				
		ne organization licensed to operate gamino lo,' explain:	g activities in each of th	nese states?		9a
ı	, II ( 					
10:		e any of the organization's gaming license	s revoked, suspended	or terminated during th	 e tax year?	10a
		es,' explain:				
11	 Doe	s the organization operate gaming activities				11
12	Is th	ne organization a grantor, beneficiary or trainister charitable gaming?	ustee of a trust or a me	ember of a partnership	or other entity formed	to 12
BAA		minoter charitable gariing:	TEEA3702L (		Schedule <b>G</b> (Fo	orm 990 or 990-EZ) 2009

Schedule G (Form 990 or 99	00-EZ) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION	94-3146801	P	age <b>3</b>
			YES	NO
13 Indicate the percentage	e of gaming activity operated in:	100		
a The organization's facil	lity	a %		
<b>b</b> An outside facility		b %		
14 Enter the name and ad	ddress of the person who prepares the organization's gaming/special events b	ooks and records:		
Name: ►				
Address: ►				
2000 2000 2000 2000 2000 2000				
15a Does the organization I	have a contact with a third party from whom the organization receives gaming	g revenue? 15	а	
<b>b</b> If 'Yes,' enter the amou	unt of gaming revenue received by the organization \$	and the amount		
of gaming revenue reta	ained by the third party \$			
c If 'Yes,' enter name an	nd address of the third party:			
Name: ►				
Address: -				
16 Gaming manager information	mation			
Name: ►				
	•			
Gaming manager comp	pensation > \$			
Description of services	provided: >			
Dinastan/affinan	Employee Independent contractor			
Director/officer	Employee Independent contractor			
17 Mandatory distributions				
-				
a Is the organization requestate gaming license?	uired under state law to make charitable distributions from the gaming procee	eds to retain the	'a	
	stributions required under state law to be distributed to other exempt organizations			
	empt activities during the tax year: ►\$			
BAA		Schedule <b>G</b> (Form 990 or	990-EZ	2009

# 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

2009

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3146801

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

Part I General Information on Grants and Assistance

COLLEGE OF THE SISKIYOUS FOUNDATION

**ջ** (h) Purpose of grant or assistance À Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 10,947 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 68-0321440 (b) EIN Enter total number of other organizations.... 111111 1 (a) Name and address of organization COLLEGE OF THE SISKIYOUS ...... WEED, CA 96094 1

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(f) Description of non-cash assistance					ther additional information.										200 (000 ···· L) 0	Schedule I (Form 990) 2009
(e) Method of valuation (book, FMV, appraisal, other)					art I, line 2, and any other		NT WORKERS AND	NS H SH H		ARE PLACED WITH THE	ITED_BY_THE	<u>AT_THE</u>	Y MEDICAL			
(d) Amount of non-cash assistance					tion required in Pa	USED	MEDICAL STUDE	OF THESE GRAN		STUDENTS ARE PLAC	SHEETS ARE SUBMITTED BY	ROLL PROCESS	FROM THE MERC			
(c) Amount of cash grant	21,776.				rovide the informa	<u>HOW GRANTS ARE USED</u>	DISTRICT: MERCY MEDICAL STUDENT	OCESS FOR EACH		[	SIGNED TIME SHI	H THE USUAL PAY	ARE WITHDRAWN FROM THE MERCY MEDICAL	STUDENT SALARIES.		
(b) Number of recipients	49				plete this part to p			MONITORING PRO		MEDICAL STUDE	]	RE_PAID_THROUGH	YEAR THE FUNDS			
(a) Type of grant or assistance	SCHOLARSHIPS				Part IV Supplemental Information. Complete this part to provide the information required in Part	PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF	THE_ORGANIZATION_ISSUED_TWO_GRANTS_TO_THE	FACULIY_AND_STAFF_GRANTS, THE MONITORING PROCESS FOR EACH OF THESE GRANTS	DISCUSSED BELOW.	FC	LOCAL_HOSPITAL_BY_THE_NURSING_INSTRUCTOR	SUPERVISOR AND THE STUDENTS ARE PAID THROUGH THE USUAL PAYROLL PROCESS AT	DISTRICTAT_THE_END_OF_THE_YEAR_THE_FUNDS_	ACCOUNT_HELD_AT_THE_FOUNDATION_TO_PAY_FOR_		ВАА

2009

### SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION PAGE 3

CLIENT 4786-002 COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

### PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

FOR THE AMOUNT PAID TO FACULTY AND STAFF GRANTS, GRANT APPLICATIONS REQUIRE A DETAILED DESCRIPTION OF THE PROJECT AND IT'S COSTS. ONCE AWARDED, THE RECIPIENT SUBMITS THE PURCHASE REQUESTS, PAYMENT VOUCHERS, ETC. TO THE FOUNDATION OFFICE FOR PROCESSING. THE FOUNDATION STAFF REVIEWS, APPROVES AND TRACKS ALL EXPENDITURES OF THE GRANT FUNDS AND ENSURES THE FUNDS ARE SPENT FOR THE APPROVED PURPOSE.

# SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Employer identification number

94-3146801

COLLEGE OF THE SISKIYOUS FOUNDATION	94-3146801			
Part I Questions Regarding Compensation				***************************************
			Yes	No
1a Check the appropriate box(es) if the organization provided any o VII, Section A, line 1a. Complete Part III to provide any rele	f the following to or for a person listed in Form 990, Part vant information regarding these items.			
First-class or charter travel	Housing allowance or residence for personal use			
Travel for companions	Payments for business use of personal residence			
Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
<b>b</b> If any of the boxes on line 1a are checked, did the organiza reimbursement or provision of all of the expenses described	tion follow a written policy regarding payment or d above? If 'No,' complete Part III to explain	1 b		
2 Did the organization require substantiation prior to reimburs trustees, and the CEO/Executive Director, regarding the iter	sing or allowing expenses incurred by all officers, directors,	2		
trustees, and the CEO/Executive Director, regarding the iter	ns checked in line ta?			
3 Indicate which, if any, of the following the organization uses CEO/Executive Director. Check all that apply.	s to establish the compensation of the organization's			
Compensation committee	Written employment contract			
Independent compensation consultant	Compensation survey or study			
Form 990 of other organizations	Approval by the board or compensation committee			
	_			
4 During the year, did any person listed in Form 990, Part VII	Section A line 1a with respect to the filing organization			
or a related organization:	, occitor in, line is marrospost to the liming organization			
a Receive a severance payment or change-of-control paymen	t?	4a		X
<b>b</b> Participate in, or receive payment from, a supplemental nor	·	4b		X
c Participate in, or receive payment from, an equity-based co		4c	700505000000000000000000000000000000000	Χ
If 'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must co				
5 For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	did the organization pay or accrue any compensation			
a The organization?		5 a		X
<b>b</b> Any related organization?		5b	Samuel Samuel	X
If 'Yes' to line 5a or 5b, describe in Part III.				
6 For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	did the organization pay or accrue any compensation			
a The organization?		6a	PROPERTY CONTRACTOR	X
<b>b</b> Any related organization?		6b		Х
If 'Yes' to line 6a or 6b, describe in Part III.				
7 For person listed in Form 990, Part VII, Section A, line 1a, described in lines 5 and 6? If 'Yes,' describe in Part III	did the organization provide any non-fixed payments not	7		Х
8 Were any amounts reported in Form 990, Part VII, paid or a contract exception described in Regs. section 53.4958-4(a)(	accrued pursuant to a contract that was subject to the initial 3)? If 'Yes,' describe in Part III	8		X
If 'Yes' to line 8, did the organization also follow the rebutta section 53.4958-6(c)?		9		X
2 Section 33.4300 (c):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 2	l	1 42

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

Schedule J (Form 990) 2009

COLLEGE OF THE SISKIYOUS FOUNDATION Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 94-3146801

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

and the state of t		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MIS(	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	<b>L</b>	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
RANDALL C. LAWRENCE	Θ	0.	0 0	0	0.	.0	0	0.
	(ii)	170,0				7	186,733	0.
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BAA				TEEA4102L 0;	02/02/10		Sche	Schedule <b>J</b> (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2009

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity **(F)** Direct controlling entity **Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/AEmployer identification number 94-3146801 (E)
Public charity status (if section 501 (c)(3)) (End-of-year assets Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Exempt Code section (**D)** Total income (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) CA BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity (B) Primary activity EDUCATION (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity SISKIYOUS FOUNDATION COLLEGE OF THE SISKIYOUS 800 COLLEGE AVENUE COLLEGE OF THE WEED, CA 96094 Name of the organization 68-0321440

TEEA5001L 02/05/10

Schedule R (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION

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

Page 2

94-3146801

(J) General or managing partner?	No				 	
Gene mana part	Yes					
(I) Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)					
(H) Dispropor- tionate allocations?	Yes No					
(G) Share of total income Share of end-of-year assets						
(E) Predominant income (related, unrelated, excluded from tax under	sections 512-514)					
( <b>D)</b> Direct controlling entity						
(C) Legal domicile (state or foreign	country)					
Primary Activity CC) (C) (D) Direct Common Activity domicile controlling foreign foreign						
(A) Name, address, and EIN of related organization						

Part IV 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.)	<b>axable as a Co</b> ld organizations	rporation or Trust (Comtreated as a corporation	plete if the organi or trust during th	zation answered 'Ye	es' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(B)(C)(D)(D)(E)(D)(E)Primary ActivityLegal domicile (state or foreign country)Direct (C corp, S corp, S corp, S corp, S corp, S corp, S country)Type of entity (C corp, S country)Share of total income assetsShare of end-of-year ownership ownership	Type of entity (C corp, S corp or trust)	Share of total income	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

BAA

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

- And Andrews -		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to other organization(s)	-	
c Gift, grant, or capital contribution from other organization(s)	10	×
d Loans or loan quarantees to or for other organization(s)		×
e Loans or loan guarantees by other organization(s)	,	
f Sale of assets to other organization(s).	1	×
g Purchase of assets from other organization(s)	19	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)		
		**
	F	
k Performance of services or membership or fundraising solicitations for other organization(s)	¥	
1 Performance of services or membership or fundraising solicitations by other organization(s)	=	×
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	10	
p Reimbursement paid by other organization for expenses	1p	X
<b>q</b> Other transfer of cash or property to other organization(s)	19	×
r Other transfer of cash or property from other organization(s)	11.	× -
s for information on who must complete this line, including covered relationships	and transaction thresholds.	
(A) Name of other organization type	(B) Transaction Amountype (a-r)	( <b>C)</b> Amount involved
		47-78-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7
(1) COLLEGE OF THE SISKIYOUS	В	10,947.
(2) COLLEGE OF THE SISKIYOUS	Ü	80,000
(3) COLLEGE OF THE STSKTYOUS		101,127
(4)		
(5)		
(6)		
<b>BAA</b> TEEA5003L 02/05/10	Schedule R (Form 990) (2009	n 990) (2005

94-3146801

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.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No	,	Yes	S S
					***************************************			
		111101111111111111111111111111111111111						
			-					
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ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	л 990) (	(5005)

#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No. 1545-0047

2009

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

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

Open to Public Inspection

Employer identification number Name of the organization 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION PERFORMING ARTS SERIES - PRODUCTION OF PERFORMANCES THROUGHOUT THE YEAR TO FURTHER THE EDUCATION AND APPRECIATION OF THE ARTS FOR STUDENTS AND THE COMMUNITY. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE COMPLETED FORM IS PRESENTED TO THE FOUNDATION EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN THE COLLEGE OF THE SISKIYOUS LIBRARY OR UPON REQUEST FROM THE COLLEGE OF THE SISKIYOUS ADMINISTRATIVE SERVICES DEPARTMENT. GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE ON THE COLLEGE OF THE SISKIYOUS WEBSITE. FORM 990, PART VII - COMPENSATION EXPLANATION RANDALL C. LAWRENCE RANDALL C. LAWRENCE RECEIVES HIS COMPENSATION FROM COLLEGE OF THE SISKIYOUS IN HIS ROLE AS PRESIDENT OF THE COLLEGE.

Schedule O (Form 990) 2009  Name of the organization	Employer identification number
COLLEGE OF THE SISKIYOUS FOUNDATION	94-3146801
	,

BAA

199

Calendar ye	ear 2009 or fiscal year beginning month 07 day 01 year 2009, and ending month 06	day 30 year 2010
A First Retu	rn Filed? Yes B Type of organization Exempt under Section 23701 D (insert letter)	CORP #
	X No IRC Section 4947(a)(1) trust	C-1801927
Corporation/Or	ganization Name	FEIN
COLLEGE	OF THE SISKIYOUS FOUNDATION	94-3146801
Address		
800 COI	LEGE AVENUE	
City		State ZIP Code
WEED. (	CA 96094	
	Return? Yes X No	ruction F.
	subordinate/affiliate in a group exemption? Yes X No No filing fee is required	● X
-	H Accounting method used 1 Cash	2 X Accrual 3 Other
See Ge	neral Instruction I	s the organization during the year:
<b>b</b> If 'Yes.	enter the number of affiliates	or (2) attempted to influence
-	affiliates included?	g by public charities)? If 'Yes,'
	anaco a ust. See instructions.)	
, ,	a separate return filed by an organization covered Section 23701d Organizations	Yes X No
by a gr	pup ruling?	its activities, governing instrument,
e Federal	Group Exemption Number. articles of incorporation, or bylaws that h	ave not been reported to the n explanation and attach copies
f is a ros	ter of subordinates attached? Yes X No of revised documents	
E Final retu	rn?	
•	Dissolved Surrendered (Withdrawn) K Is the organization exempt under R&TC S	
• 🗍	Merged/Reorganized (attach explanation)  If 'Yes,' enter amount of gross receipts fronnmember sources	om Š
If a box is	checked, enter date • L Is the organization under audit by the IRS	
F Check the	box if the organization filed the following federal forms or schedule:    IRS audited in a prior year?	
1 ● [	990T 2 • 990PF 3 • (Schedule H) 990 M Is the organization a Limited Liability Cor	npany? • Yes X No
G If organiz	ation is exempt under R&TC Section 23701d and is exclusively religious, N Did the organization file Form 100 or Form	n 109 to
education	al, or charitable, and is supported primarily (50% or more) by public report taxable income?	• Yes X No
Part I	Complete Part I unless not required to file this form. See General Instructions B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1 538,439.
	2 Gross dues and assessments from members and affiliates	2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received SEE S.CH B ●	321,211.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	
	This line must be completed. If the result is less than \$25,000, see General Instruction C ●	4 859,650.
	5 Cost of goods sold • 5	
	6 Cost or other basis, and sales expenses of assets sold • 6 362, 641.	
	7 Total costs. Add line 5 and line 6	7 362,641.
	8 Total gross income. Subtract line 7 from line 4	8 497,009.
	9 Total expenses and disbursements. From Side 2, Part II, line 18	9 215,780.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10 281,229.
	11 Filing fee \$10 or \$25. See General Instruction F	11
F111	12 Total payments	12
Filing Fee	13 Penalties and Interest. See General Instruction J.	13
	14 Use tax. See General Instruction K	14
	15 Balance due. Add line 11, line 13, and line 14.	
	Then subtract line 12 from the result	15
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowledge and belief, it is true,
Sign Here	Title	<ul> <li>Telephone</li> </ul>
11010	Signature > of officer	(530) 938-5529
		Preparer's SSN/PTIN
Paid	Preparer's State of the state o	P00164244
Preparer's	NYSTROM & COMPANY LLP. CRAS	• FEIN
Use Only	(or yours, if ► 1726 COURT STREET. C. TO A COUNTY OF STREET	94-1637683
	and address REDDING, CA-96001-1720 and address REDDING a	Telephone
	THE TOTAL CAN ASSESSMENT ASSESSME	(530) 241-2515
	May the FTB discuss this return with the preparer shown above? See instructions	

COLLEG	E OF	THE SISKIYOUS	FOUNDATION	94-3146801		
Part II	Organ compl	t of gr	oss receipts —			
	1 (	Gross sales or receipts	from all business activit	ies. See instructions	1	
	2	Interest			2	55,
	1					

		1	Gross sales or receipts from all I	business activities. See	instructions	•	1	
		2	Interest			, •	2	55,999.
		3	Dividends				3	
Rece	ipts	4	Gross rents				4	
from	•	5	Gross royalties				5	
Othe		6	Gross amount received from sale				6	347,175.
Soul	ces				•		7	135,265.
		7	Other income. Attach schedule.			ALEMENI I	/	133,203.
		8	Total gross sales or receipts from		-		_	500 400
			Enter here and on Side 1, Part I				8	538,439.
		9	Contributions, gifts, grants, and similar a	mounts paid. Attach schedule.	SEESI	ATEMENT.2 •	9	32,723.
		10	Disbursements to or for member	'S		•	10	
		11	Compensation of officers, director	ors, and trustees. Attach	scheduleSEESI	ATEMENT.3 •	11	0.
Ехре	nses	12	Other salaries and wages				12	
and		13	Interest				13	
Disb	urse-	14	Taxes				14	
IIICII	.5	15	Rents				15	9,696.
							16	3,030.
		16	Depreciation and depletion (See					172 261
		17	Other. Attach schedule				17	173,361.
		18	Total expenses and disbursements. Add I	line 9 through line 17. Enter he	re and on Side 1, Part I, line		18	215,780.
Sch	<u>edule</u>	<u> </u>	Balance Sheets	Beginning of	taxable year	End	of taxa	ible year
Asse				(a)	(b)	(c)	100000000	(d)
1					161,179.		•	261,799.
2	Net acc	ounts	receivable		1,531.		•	832.
3	Net not	es rece	eivable. Attach schedule				•	
4	Invento	ries					•	
5	Federal	and s	tate government obligations				•	
6	Investm	ients ii	n other bonds. Attach sch				•	
7	Investm	ents i	n stock. Attach schedule STMT . 5		1,180,116.		•	1,498,090.
8	Mortoad	ie loan	s (number of loans)				•	
9			ents. Attach schedule		366,085.		•	366,085.
-			ssets					
	•		ated depreciation				2888	
			•					
			AV. I. I. I. I. I. GITTA C		201 145		•	200 527
12			Attach schedule STM6		301,145.		•	328,527.
13					2,010,056.			2,455,333.
Liabi	lities a	nd n	et worth					
			ıble		7,036.		•	41,808.
15	Contribu	utions,	gifts, or grants payable				•	
16	Bonds a	and no	tes payable. Attach schedule				•	
17	Mortgag	jes pay	vable				•	
18	Other li	abilitie	s. Attach schedule					
19			or principle fund		2,003,020.		•	2,413,525.
20			ital surplus. Attach reconciliation				•	·
21			ings or income fund				•	
22			s and net worth		2,010,056.			2,455,333.
	edule			ar hooke with income a		NAME OF THE OWNER OWNER OF THE OWNER OWNE		,,
SCII	euuie	141-	Do not complete this schedu			on (d) is loss than s	\$25.00	n
	Not inco	me er				·····	,_J,00	•
1			er books		7 Income recorded or not included in this	•		
2			tal losses over capital gains					
3			100/200		8 Deductions in this			
4			corded on books this year.		against book incom			
r.			to the second se		tor.	ie uiis year. 		
5	CALIMONE	ა   ୯CO	rded on books this year not deducted		Augui suituute			
		atura	Attach schedule	\	9 Total, Add line 7 a	nd line 8	ı	

1	Net income per books	• 281,229.	7	Income recorded on books this year	
2	Federal income tax	•		not included in this return.	
3	Excess of capital losses over capital gains	•		Attach schedule	•
4	Income not recorded on books this year.		8	Deductions in this return not charged	
	Attach schedule	•		against book income this year.	
5	Expenses recorded on books this year not deducted			Attach schedule	•
	in this return. Attach schedule	•	9	Total. Add line 7 and line 8	
6	Total.		10	Net income per return.	
	Add line 1 through line 5	281,229.		Subtract line 9 from line 6	281,229.

059 3652094 Side 2 Form 199 C1 2009 CACA1112L 11/20/09

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### CALIFORNIA COPY

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Employer identification number Name of the organization 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION Organization type (check one): Filers of: |X|501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule -For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year...... ▶ \$ **Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

of 1

of Part I

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number

94-3146801

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOSEPH & MICHALE WIRTH P.O. BOX 315 MT. SHASTA, CA 96067	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GREGORY & CHRISTINE MESSER  1920 EDDY CIRCLE  MOUNT SHASTA, CA 96067	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	GE_FOUNDATION  3135_EASTON_TURNPIKE  FAIRFIELD, CT_06828	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	KEN GOEHRING  3129 COLUMBINE  WEED, CA 96094	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of .

of Part II

Name of organization

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number

94-3146801

Part II	Noncash Property (see instructions.)		
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		\$	

of Part III

Name of organization
COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number

94-3146801

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once — see instructions.)			
No. from Part I    N/A	N/A		
N/A	ld		
Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (a) (b) (c) (d)  No. from Part I  Purpose of gift Use of gift Description of how gift is here  (e) Transfer of gift			
Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (a) (b) (c) (d)  No. from Part I  Purpose of gift Use of gift Description of how gift is here  (e) Transfer of gift			
No. from Part I  Purpose of gift  Use of gift  Description of how gift is he  (e)  Transfer of gift			
No. from Part I  Purpose of gift  Use of gift  Description of how gift is he  (e)  Transfer of gift			
Transfer of gift	ld		
Transfer of gift			
	Relationship of transferor to transferee		
(a) (b) (c) (d)  No. from Purpose of gift Use of gift Description of how gift is here.	:ld		
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	!		
(a) (b) (c) (d)  No. from Part I Use of gift Description of how gift is h	eld		
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfere			

	ALIFORNIA STATEMENTS EGE OF THE SISKIYOUS FOUNDATION		PAGE 1 94-3146801				
			27,382. 86,325. 21,558. 135,265.				
STATEMENT 2 FORM 199, PART II, LINE 9 CONTRIBUTIONS, GIFTS, GRANTS, A	AND SIMILAR AMOUNTS PAID						
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDRESS: DONEE'S CITY, STATE, ZIP: AMOUNT GIVEN:	MISCELLANEOUS GRANTS COLLEGE OF THE SISKIYOUS 800 COLLEGE AVENUE WEED, CA 96094,	\$	10,947.				
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDRESS: RELATIONSHIP OF DONEE: AMOUNT GIVEN:	SCHOLARSHIPS > \$500 VARIOUS DETAILS PROVIDED UPON REQUEST. 6 STUDENTS		7,250.				
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDRESS: RELATIONSHIP OF DONEE: AMOUNT GIVEN:	SCHOLARSHIPS \$251 - \$500 VARIOUS DETAILS PROVIDED UPON REQUEST. 22 STUDENTS		10,600.				
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S STREET ADDRESS: RELATIONSHIP OF DONEE: AMOUNT GIVEN:	SCHOLARSHIPS < \$250 VARIOUS DETAILS PROVIDED UPON REQUEST. 21 STUDENTS		3,926.				
		TOTAL <u>\$</u>	32,723.				
STATEMENT 3 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES							
CURRENT OFFICERS:  NAME AND ADDRESS	TITLE AND AVERAGE HOURS COMPEN- PER WEEK DEVOTED SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER				

DIRECTOR

1.00

SUE BOSTON 800 COLLEGE AVENUE WEED, CA 96094 \$ 0.\$ 0.\$

0.

CLIENT 4786-002

## **CALIFORNIA STATEMENTS**

PAGE 2

COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

## **CURRENT OFFICERS:**

TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	BUTION TO	EXPENSE ACCOUNT/ OTHER
DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
PRESIDENT 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
VICE PRESIDENT 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
DIRECTOR 1.00	0.	0.	0.
	AVERAGE HOURS PER WEEK DEVOTED  DIRECTOR 1.00  DIRECTOR	AVERAGE HOURS PER WEEK DEVOTED  DIRECTOR 1.00  DIRECTOR 1.00	AVERAGE HOURS PER WEEK DEVOTED  DIRECTOR 1.00  DIRECTOR 1.00

8889 A			

# CALIFORNIA STATEMENTS

PAGE 3

**CLIENT 4786-002** 

#### **COLLEGE OF THE SISKIYOUS FOUNDATION**

94-3146801

#### STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

$\sim 1$	IDD	TAIT	OFF	ICFRS:
ı .ı	ІКК	- IVI I	()rr	いしょ れつこ

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JACK RUNNELS 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
RANDALL C. LAWRENCE 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
CONNIE MARMET 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
DEBORRA BRANNON 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
DENNIS SBARBARO 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
CHRIS VANCIL 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
ROBIN STYERS 800 COLLEGE AVENUE WEED, CA 96094	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

#### STATEMENT 4 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES ADVERTISING AND PROMOTION TRAVEL. SPECIAL EVENT EXPENSES. OTHER FEES. SUPPLIES. FOOD SERVICE. MISCELLANEOUS NEW EQUIP.	\$ 5,525. 6,813. 10,231. 8,913. 37,398. 58,385. 13,685. 9,269. 8,224.
NEW EQUIP UTILITIES STUDENT HELP. REPAIRS AND MAINTENANCE RENT DUES AND SUBSCRIPTIONS TELEPHONE	5,483. 4,642. 2,663. 958. 636. 467.

	PAGE 4 THE SISKIYOUS FOUNDATION 94-3146801
STATEMENT 4 (CONTINUED) FORM 199, PART II, LINE 17 OTHER EXPENSES  BANK CHARGES	
STATEMENT 5 FORM 199, SCHEDULE L, LINE 7 INVESTMENTS IN STOCKS	
STATEMENT 6 FORM 199, SCHEDULE L, LINE 12 OTHER ASSETS	TOTAL \$ 1,498,090.
	TOTAL 1,150. 327,377.  TOTAL \$ 328,527.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447

Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number	83418		Check if: Change of address				
COLLEGE OF THE SISKIYO	US FOUN	IDATION	Amended I	report			
Name of Organization							
800 COLLEGE AVENUE Address (Number and Street)			Corporate or (	Organization No. <u>C-1801927</u>			
			Fodoral Emple	oyer ID No. 94-3146801			
WEED, CA 96094 City or Town		State ZIP Code	rederal Emple	54 5140001			
ANNUAL REGISTI	RATION RE lake Check	NEWAL FEE SCHEDULE (11 ) Payable to Attorney General	Cal. Code Regs. s s Registry of Cha	sections 301-307, 311 and 312) ritable Trusts			
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue		Fee	
Less than \$25,000	0	Between \$100,001 and \$250,		Between \$1,000,001 and \$10 mill		\$150	
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 mi	llion \$75	Between \$10,000,001 and \$50 mi Greater than \$50 million		\$225 \$300	
PART A – ACTIVITIES	***************************************						
For your most recent full acco	unting peri	od (beginning 7/01/0	09 ending	6/30/10 ) list:			
Gross annual revenue \$							
PART B — STATEMENTS RE						,	
Note: If you answer 'yes' to any 'yes' response. Please rev	of the questiew RRF-1	stions below, you must attach instructions for information r	a separate sheet equired.	providing an explanation and deta	<del></del>		
1 During this reporting period, we	are there ar	ay contracts loans leases or (	other financial trai	nsactions between the	Yes	No	
organization and any officer, di director or trustee had any fina	irector or tru	ustee thereof either directly or	with an entity in	which any such officer,		X	
During this reporting period, was property or funds?	as there any	y theft, embezzlement, diversi	on or misuse of th	ne organization's charitable		X	
3 During this reporting period, die	d non-progr	ram expenditures exceed 50%	of gross revenue	s?		X	
4 During this reporting period, we Form 4720 with the Internal Re	ere any org	anization funds used to pay ar vice, attach a copy.	ny penalty, fine or	judgment? If you filed a		X	
5 During this reporting period, we purposes used? If 'yes,' provide service provider.	ere the serve e an attach	vices of a commercial fundrais ment listing the name, addres	er or fundraising on the standard series of the series of	counsel for charitable number of the		X	
6 During this reporting period, did the name of the agency, mailing	d the organ ig address,	ization receive any governmen contact person, and telephone	ntal funding? If so e number.	o, provide an attachment listing SEE STATEMENT	1 X		
7 During this reporting period, did indicating the number of raffles	d the organ and the da	iization hold a raffle for charita ate(s) they occurred.	ble purposes? If	'yes,' provide an attachment		x	
Does the organization conduct the program is operated by the charitable purposes.	a vehicle d	onation program? If 'ves.' pro	vide an attachmer racts with a comm	nt indicating whether nercial fundraiser for		X	
Did your organization have pre principles for this reporting per	pared an ai iod?	udited financial statement in a	ccordance with ge	enerally accepted accounting	X		
Organization's area code and teleph	ione numbe	er (530) 938-5529					
Organization's e-mail address		CODVEODV	OUR RE	CORDS			
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.  Certified Public Accountants							
		726 Court Street • P.O. I					
Circles of authorized officers	Printed	Redding, California 960	199-0700	Date			
Signature of authorized officer	rimea	Hame	THIG	Duto			

2009

# **CALIFORNIA STATEMENTS**

PAGE 1

**CLIENT 4786-002** 

COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

STATEMENT 1 FORM RRF-1, PART B, LINE 6 GOVERNMENT AGENCY THAT PROVIDED FUNDING

COLLEGE OF THE SISKIYOUS - \$80,000 800 COLLEGE AVENUE, WEED, CA 96094 CONTACT: KENT GROSS (530)938-5529

# Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	7/01	, 20	09, and endir	ig 6/			2010			
В	Check if a	if applicable: C								er Identifi	cation Number			
	Addr	Address change   Please use   COLLEGE OF THE SISKIYOUS FOUNDATION									94-3146801			
	Nam	ie change	or print or type.	800 COLLEGE AV	ENUE				E Telephone number					
	<b>  </b>	al return	See specific	WEED, CA 96094					(530	(530) 938-5529				
		nination	Instruc- tions.						<u>`</u>					
	H		uons.						G Gross re	ecointe 4	85	9,650.		
	<del>  </del>	nded return	F	and address of principal officer:	JACK C	OOK		H/a) Is this	a group return			s X No		
	Appl	ication pending			JACK C	OOK		1 ' '	l affiliates incl					
				AS C ABOVE		T			' attach a list.					
<u></u>		exempt statu				4947(a)(1) or								
<u>J</u>				WW.SISKIYOUS.EL	<u>)U/PUBLI</u>	CRELATION			exemption nu					
K		f organization:	X Corpora	ation Trust Associa	ation Other	r <b>&gt;</b>	L Year of Forma	tion: 199	1 <b>M</b> s	tate of leg	gal domicile: C	<u>:A</u>		
Pa	ırt l	Summa												
				ganization's mission or r										
ø	_E	TOUNDATI	ON_IS_	TO SOLICIT AND	RECEIVE	CONTRIBU	TIONS AND	DISP	<u>ENSE FU</u>	JNDS_'	TO ASSI	ST		
Governance	]	STUDENTS	AND S	SUPPORT THE EDUC	CATIONAL	PROGRAMS	_AND_GEN	ERAL W	ELFARE	OF T	HE COLL	EGEL		
Ě		OF_THE_S	ISKIYO	OUS										
ŏ		heck this bo	x ►	if the organization disco	ontinued its	operations or d	lisposed of m	ore than 2	25% of its	assets.				
ر ص				nbers of the governing b						3		15		
S	1		•	nt voting members of the						4		15		
ij				yees (Part V, line 2a)						5		0		
Activities &				teers (estimate if necess						6		15 0.		
٩				ousiness revenue from F						7a 7b		0.		
	b N	let unrelated	business	s taxable income from F	orm 990-1,	line 34				/ D				
									Prior Year		Current			
Φ				nts (Part VIII, line 1h)					237,5			1,211.		
Revenue				ue (Part VIII, line 2g)					83,5			6,325.		
ě				art VIII, column (A), line					61,2			0,533.		
Œ				III, column (A), lines 5,					-74,9			0,027.		
				nes 8 through 11 (must					307,3			8,096.		
	<b>13</b> G	irants and si	milar am	ounts paid (Part IX, colu	ımn (A), line	es 1-3)			19,1	.55.	3	2,723.		
	<b>14</b> B	enefits paid	to or for	members (Part IX, colu	mn (A), line	4)								
"	<b>15</b> S	alaries, othe	er comper	nsation, employee bene	fits (Part IX,	column (A), li	nes 5-10)		42,362.					
Expenses	16a P	rofessional :	fundraisin	ng fees (Part IX, column	(A), line 11	e)			4,424.					
pen	ьт			nses (Part IX, column (I										
Ж	47 0			IX, column (A), lines 11					136,5	56	17	4,144.		
									202,4			6,867.		
		•		nes 13-17 (must equal F					104,8					
	<b>19</b> R	evenue less	expense	s. Subtract line 18 from	IIne IZ			l l			281,229.			
Net Assets or Fund Balances									nning of Y		End of			
aset 3alai				ne 16)					2,010,0			55,333.		
at A	<b>21</b> T	otal liabilitie	s (Part X	, line 26)					7,0	)36.		11,808.		
► 100 NAMES.		et assets or	fund bala	ances. Subtract line 21	from line 20				2,003,0	020.	2,41	3,525.		
Pa	ırt II	Signatu	ure Bloc	ck										
		Under penaltie	s of perjury,	I declare that I have examined Declaration of preparer (other	this return, inclu	ding accompanying	schedules and sta	itements, an	d to the best of	of my knov	wledge and beli	ef, it is		
		true, correct, a	na compiete	, Declaration of preparer (other	than officer) is t	ased on all imornia	ition of which prep	arer nas any	Knowledge.					
Sign Here		<b></b>												
		Signature	of officer					C	ate					
		<b>&gt;</b>					ura man	COD	NG					
		Type or pr	int name and	d-title: TITC ( )	1.PV F.(	DR YUI	IN NE		William World					
			NLL		7 8 8 N	PIAACINACO	(Date)		Check if	Pre	parer's identifyi e instructions)	ng number		
Pai	id			NYSTE	SOM &	COMPAN'		!!	self- employed	. 🔲 (36	e maductions)			
Pre		Preparer's signature	<b>&gt;</b>	Cert	affed Publi	ic Accountar	100200	ľ			<b>/</b> A			
	rer's		NTVC:	TROM & COMPANY	LLP CP.	<u>• P.O. Box `</u> <b>AS</b> • 96099-4	7 <u>107 99</u> 1700	2.64						
Ùs	е	Firm's name (o yours if self-			HE COMP	963 30033-3	11 (34)		=ını ► N	I/A				
On	ly	employed), address, and			1720					1=00	) 241-2	515		
		ZIP + 4		DING, CA 96001-		_ :_ : :			110/10 1101	(330	7-3	F1		
May	the IRS	S discuss th	ıs return ı	with the preparer showr	i above? (se	e instructions)					X Yes	No		

94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION Page 3 Form 990 (2009) Part IV 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,' complete Χ 1 X Is the organization required to complete Schedule B, Schedule of Contributors?..... 2 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete 4 Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I..... 6 Χ Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. 8 Χ 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 9 Χ Schedule D, Part IV...... Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In Χ 10 'Yes,' complete Schedule D, Part V..... Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 Χ 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 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..... Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. Χ 12 No 12 AWas the organization included in consolidated, independent audited financial statement for the tax Yes 13 X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... Χ 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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I...... Χ 14b 15 X 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.......

TEEA0103L 02/12/10 Form 990 (2009) BAA

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I......

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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.

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II......

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

20

Χ

Χ

Χ

Χ

16

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Χ

Form 990 (2009) COLLEGE OF THE SISKIYOUS FOUNDATION

Part IV Checklist of Required Schedules (continued)

3-01/05-0-0			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	<b>b</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 I</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		27		Х
28				
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	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			X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	The state of the s	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	

BAA

Form 990 (2009)

Form 990 (2009) COLLEGE OF THE SISKIYOUS FOUNDATION	94-3146801	Pa	age <b>5</b>
Part V 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	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming		
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	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?	constitution (and the	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covere this return?	<u>3a</u>		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a laccount)?4a		Х
<b>b</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 Foreigr Financial Accounts.	n Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Req Tax Shelter Transaction?	garding Prohibited 5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible?	the organization 6a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contribut deductible?			
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 fo provided to the payor?	r goods and services 7a		Χ
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is	was required to file		
Form 8282?			X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	a personal 7e		Х
benefit contract?f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have except the supporting organization.	anizations. Did the cess business		
holdings at any time during the year?holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</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			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10412		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  b If 'Yes' enter the amount of tax-exempt interest received or accrued during the year	1041? <u>12a</u>	L	L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form **990** (2009) BAA

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. Part VI

Sec	tion A.	<b>Governing Body and Management</b>					
					William	Yes	No
1 a	Enter the	number of voting members of the governing	ر body أ	1a 1			
Ŀ	Enter the	number of voting members that are indeper	ndent	1b 1:	5		
2	Did any officer, of	fficer, director, trustee, or key employee hav	re a family relationship or a business re	lationship with any other	2		Χ
3	Did the o	ganization delegate control over manageme , directors or trustees, or key employees to	nt duties customarily performed by or use management company or other person	under the direct supervision	3		X
		ganization make any significant changes to			4		X
	since the	prior Form 990 was filed?					
5	Did the d	ganization become aware during the year of	f a material diversion of the organizatio	n's assets?	5		_X
6		organization have members or stockholders					_X
7 a	Does the	organization have members, stockholders, c	or other persons who may elect one or i	more members of the	7a		X
ŀ	Are any	ecisions of the governing body subject to ap	proval by members, stockholders, or o	ther persons?	7b		_X
	-	ganization contemporaneously document the					
,		ning body?			8a	X	
		mittee with authority to act on behalf of the			8b	Х	
		ny officer, director or trustee, or key employ on's mailing address? <i>If 'Yes,' provide the r</i>			9		Х
Sec	tion B.	Policies (This Section B requests	s information about policies not i	reauired by the Interna	a/		
	enue Code	•					
,,,,,,	7740 0040	, , , , , , , , , , , , , , , , , , , ,				Yes	No
10 a	Does the	organization have local chapters, branches,	or affiliates?		10 a		X
		oes the organization have written policies ar thes to ensure their operations are consister					
		rganization provided a copy of this Form 990				Х	
		in Schedule O the process, if any, used by t					
		organization have a written conflict of intere			12a		X
	Are offic	rs, directors or trustees, and key employees s?	required to disclose annually interests	that could give rise	12b		
c	: Does the Schedule	organization regularly and consistently moni	itor and enforce compliance with the po	olicy? If 'Yes,' describe in	12c		
13	Does the	organization have a written whistleblower po	olicy?		13		X
14	Does the	organization have a written document retent	tion and destruction policy?		14	Х	
15	Did the persons,	ocess for determining compensation of the comparability data, and contemporaneous st	following persons include a review and ubstantiation of the deliberation and de	approval by independent cision?			
a		nization's CEO, Executive Director, or top ma			. 15 a		X
Ł	Other of	cers of key employees of the organization			15 b	Constitution (see to 1	X
	If 'Yes' to	line 15a or 15b, describe the process in Scl	hedule O. (See instructions.)				
16 a		ganization invest in, contribute assets to, or ng the year?					Х
t	If 'Yes,' l in joint v status w	as the organization adopted a written policy nture arrangements under applicable federa h respect to such arrangements?	or procedure requiring the organization all tax law, and taken steps to safeguard	n to evaluate its participatio I the organization's exempt	n . 16b		
Sec	tion C.	Disclosures					
17	List the s	ates with which a copy of this Form 990 is r	equired to be filed <u>CA</u>				
18	inspection	104 requires an organization to make its For 1. Indicate how you make these available. Cl	heck all that apply.	and 990-T (501(c)(3)s only)	availab	le for	public
	L	website Another's website	X Upon request	1 70 1 7 1 1	- 12	and the	
		n Schedule O whether (and if so, how) the s available to the public. SEE SCHED					ancial
		name, physical address, and telephone nun ROSS - CONTROLLER 800 COLLE			ganıza — — —	uon: 	

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

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

- 1 a 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 no	ot compen	sate a	any o	curre	ent o	officer	, dir	ector, or trustee.		
(A)	(B)			(0	c)			(D)	(E)	(F)
Name and Title	Average hours		ition (		k all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other
SEE SCHEDULE O	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SUE BOSTON		ļ				- 4				
DIRECTOR	1	X						0.	0.	0.
ROBERT DAVIS		- 25						· ·	<u>.                                    </u>	
DIRECTOR	1	X						0.	0.	0.
MARGARET DEAN								•	J.	
DIRECTOR	1	X						0.	0.	0.
ROBERT RICE									J.,	
DIRECTOR	1	X						0.	0.	0.
RAND ROSELLI										
DIRECTOR	1	X						0.	0.	0.
BRIAN FAVERO								-		
DIRECTOR	1	X						0.	0.	0.
RONDA GUBETTA		<u> </u>								
DIRECTOR	1	X						0.	0.	0.
JACK COOK										
PRESIDENT	1	X		Χ				0.	0.	0.
SHARON STROMSNESS										
DIRECTOR	1	X						0.	0.	0.
GREG MESSER									·	
VICE PRESIDENT	1 1	X		X				0.	0.	0.
RICH DIXON	]									
DIRECTOR	1	X					ļ	0.	0.	0.
RENNIE_CLELAND	_								_	_
DIRECTOR	11	X			ļ	<u> </u>		0.	0.	0.
CHERI YOUNG	1 .									
DIRECTOR	1	X			ļ		ļ	0.	0.	0.
JACK RUNNELS										0
DIRECTOR	1	X						0.	0.	0.
RANDALL C. LAWRENCE		,,							170 000	16 722
DIRECTOR	1	X					ļ	0.	170,000.	16,733.
CONNIE MARMET	-								_	0
DIRECTOR	1	Х						0.	0.	0.
DEBORRA BRANNON	-	\ <sub>V</sub>						0.	0.	0.
DIRECTOR	1 1	X	L		L	L	L	<u>U.</u>	U.)	υ.

Part VII   Section A. Officers, Directors, Trust (A)	(B)	ley	<u> </u>		<i>о</i> уе с)	es,	aiit	(D)	(E)	(F)
Name and Title	Average hours		r					Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DENNIS SBARBARO DIRECTOR	1	Х						0.	0.	0.
CHRIS VANCIL DIRECTOR	1	Х						0.	0.	0
ROBIN STYERS DIRECTOR	1	X						0.	0.	0.
					ļ					
						ļ				
				<u> </u>			<u> </u>		170 000	1.0 722
Total number of individuals (including but not limite)							o re	0. ceived more than	170,000. \$100,000 in report	
from the organization   0										Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such i.</i></li> <li>4 For any individual listed on line 1a, is the sum of re</li> </ul>	ndividua	al								. 3 X
the organization and related organizations greater t	han \$15	50,00	00?	If 'Y	es'	con	ıplet	te 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 Sc.	ompens hedule .	satio <i>I for</i>	n fr suc	om a	any erso	unre 2 <i>n.</i>	elate	ed organization fo	r services	. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed inde	pen	den	t cor	ntra	ctors	s tha	at received more	han \$100,000 of	
compensation from the organization.  (A)								(B	), , ,	(C)
Name and business addres	S							Description	of Services	Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ited	to t	hos	e lis	ted a	Labove) who receive	ved more than	

га	TYN Statement of Revenue	<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR 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				
CONTRIBUTIC AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above	321,211.			
ICE REVENUE	2a THRIFTSTORE SALES b PERFORMING ARTS REVENUES c OTHER PROGRAM REVENUES	64,301. 21,259. 765.	21,259. 765.		64,301.
ROGRAM SERV	def All other program service revenue	06.225			
ā	3 Investment income (including dividends, interest and other similar amounts).  4 Income from investment of tax-exempt bond proceeds	86,325. 55,999.			55,999.
	6a Gross Rents				
	7a Gross amount from sales of assets other than inventory.  b Less: cost or other basis and sales expenses	-15,466.			-15,466.
OTHER REVENUE	d Net gain or (loss)				12,645.
	c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19		71 - 3 - 44		12,043.
	10 a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue	27,382.	27,382.		
	d All other revenue  e Total. Add lines 11a-11d	27,382.	49 406	0	117.479

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	ехрепаса
1	and organizations in the U.S. See Part IV, line 21	10,947.	10,947.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,776.	21,776.		
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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	a Management				
ł	<b>c</b> Legal				
(	Accounting	5,525.		5,525.	
(	d Lobbying				
•	e Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	g Other	37,398.	37,398.		
12	Advertising and promotion	6,813.	323.	6,490.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy		9,696.		
17 18	Travel.  Payments of travel or entertainment expenses for any federal, state, or local public officials	10,231.	10,156.	75.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	SUPPLIES	58,385.	50,249.	8,136.	
ŀ	FOOD SERVICE	13,685.	8,583.	5,102.	
(	MISCELLANEOUS	9,269.	7,887.	1,382.	
ď	NEW EQUIP	8,224.	6.	8,218.	
6	UTILITIES	5,483.	5,483.		
f	All other expenses	9,435.	6,572.	2,863.	
25	Total functional expenses. Add lines 1 through 24f	206,867.	169,076.	37,791.	0.
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				Form 000 (2000)
BAA					Form <b>990</b> (2009)

BAA

Form 990 (2009) COLLEGE OF THE SISKIYOUS FOUNDATION

Part X Balance Sheet

			(A) Beginning of year		<b>(B)</b> End of year
•	1	Cash — non-interest-bearing.		1	
	2	Savings and temporary cash investments	161,179.	2	261,799.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,531.	4	832.
	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))			
	İ	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.	RECOCCULIO DE PRESENTA COM CONTRA DE CONTRA POR CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CO	6	populari (colonia 2000) ka aparta (colonia del 2022 de 1000 linia aparta (colonia aparta (colo
A S	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	1,150.	9	1,150.
	10 a	Land, buildings, and equipment: cost or other basis.   10a			
		Complete Part VI of Schedule D			
	Ŀ	Less: accumulated depreciation	3 (2004-2003) 400(2040)-904-90-904-2040) 4004 4004 4004 4004 200 (2008-4-4) (2008-4-4)	10 c	
	11	Investments — publicly-traded securities.	1,180,116.	11	1,498,090.
	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	666,080.	15	693,462.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,010,056.	16	2,455,333.
	17	Accounts payable and accrued expenses	7,036.	17	41,808.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
T I		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		25	
	26	Total liabilities. Add lines 17 through 25	7,036.	26	41,808.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			The Designation of
		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	581,051.	27	609,024.
ASSETS	28	Temporarily restricted net assets	955,348.	28	1,320,115.
	29	Permanently restricted net assets	466,621.	29	484,386.
R		Organizations that do not follow SFAS 117, check here ► and complete			
FUZD		lines 30 through 34.			
D D	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
L A	32	Retained earnings, endowment, accumulated income, or other funds		32	
田名し名だい世の	33	Total net assets or fund balances	2,003,020.	33	2,413,525.
Ŝ	34	Total liabilities and net assets/fund balances	2,010,056.	34	2,455,333.

Form **990** (2009) BAA

#### Part XI **Financial Statements and Reporting** Yes No X Accrual 1 Accounting method used to prepare the Form 990: Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Χ 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... Χ 2b b Were the organization's financial statements audited by an independent accountant?..... c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Χ 2 c review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Both consolidated and separate basis Consolidated basis Separate basis 3a 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? За Χ b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

BAA Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION 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 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or 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 Δ X 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 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 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 carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c | Type III — Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above?................. 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (i) organized in the U.S.? (i) Name of Supported Organization (iv) Is the organization in col. (ii) EIN (vii) Amount of Support (i) listed in your governing document? Yes No Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Page 2 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.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 75,562 143,172. 767,584 237,544 321,211 1,545,073. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf..... 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.\_ Total. Add lines 1-through 3... 75,562 143,172 767,584 237,544 321,211 1,545,073. 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 10,308. shown on line 11, column (f) ... Public support. Subtract line 5 from line 4 1,534,765. Section B. Total Support Calendar year (or fiscal year beginning in) ► (e) 2009 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total 237,544 321,211 545,073. 75,562 143,172 767,584 Amounts from line 4..... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 40,351 92,522 61,235 55,999 282,680. 32,573 similar sources . . . . . Net income from unrelated business activities, whether or not the business is regularly 0. carried on..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . SEE. . PART . IV. . 81,175 88,232 22,339 -74,94140,027 156,832. Total support. Add lines 7 1,984,585. through 10 ..... 0. Gross receipts from related activities, etc. (see instructions)...... 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . Section C. Computation of Public Support Percentage 77.3% 14 73.1% Public support percentage from 2008 Schedule A, Part II, line 14...... 15 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 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......

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	once the beaten	no 5 or r dir ny			······································	
	ndar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2003	(5) 2000	(6) 2007	(u) 2000	(0) 2303	
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						
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						
	Total. Add lines 1 through 5  Amounts included on lines 1, 2, 3 received from disqualified persons						
	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.						
	Add lines 7a and 7b						
	Public support (Subtract line						
Ŭ	7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	(a) 2000	(2) 2000	(0)200,	(4) 2000		
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					Adapos	
C	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	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	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	D(3) ► [
500	organization, check this box and ction C. Computation of Pu	blic Support P	Porcontage				
				no 12 column (f)	\		%
	Public support percentage for 20	•	•				%
	Public support percentage from tion D. Computation of Inv						1 70
		······································			ump (fl)		%
	Investment income percentage f	• •		-			%
18			THE PERSON IN THE	4 17		10	70
	Investment income percentage f	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	3%, and line 17 is n	ot
19 a		organization did not oox and <b>stop here</b>	check the box on . The organizatio	line 14, and line 15 n qualifies as a p	is more than 33-1/3 ublicly supported	3%, and line 17 is norganization	

Schedule A	(Form	990 or	990-EZ	2009	COI	LEGE	OF :	THE	SISK	IYOUS	FOUN.	DATION		94-3	14680	L	Page 4
Part IV	Supp	lemen	ital In	format	tion.	Compl	ete th	nis pa	art to	provide	e the e	xplanation addition	ns req	uired b	y Part	II, line	10;
	Part	II, line	17a c	or 17b;	and	Part II	I, line	e 12.	Prov	ide any	other	addition	al infor	mation	. See ii	nstructi	ons.
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NATURE AND SOURCE		2009	)8			2006		2005	
	TOTAL	\$ 0.	\$ 0. \$	C	). \$		0. \$		0

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Employer identification number Name of the organization 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule -For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -X For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year...... Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

0			
Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
•	GE OF THE SISKIYOUS FOUNDATION		146801
	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREGORY & CHRISTINE MESSER		Person X Payroll
	MOUNT SHASTA, CA 96067	\$20,000 <u>.</u>	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)

of 1

of Part II

Name of organization

Employer identification number 94-3146801

COLLEGE OF THE SISKIYOUS FOUNDATION

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) o. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) o. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION

Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contribution an \$1,000 for the year.(Co	ns to section 501(c)(7), (8), or (10) amplete cols (a) through (e) and the following line entry.)	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once —	see instructions.) ▶ \$ N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
b	IV/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
ŀ		1		

# 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

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer Identification number

COLLEGE OF THE SISKITOUS FOUNDATION	94-3146801
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
( ) ( )	
3 Aggregate grants from (during year) 4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor or for a purpose conferring impermissible private benefit??.	
Part II Conservation Easements Complete 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).	
· · · · · · · · · · · · · · · · · · ·	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 held a qualified conservation contribution in the last day of the tax year.	he form of a conservation easement on the
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminate	d by the organization during the tax
year ►	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, hand and enforcement of the conservation easement it holds?	dling of violations, Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen during the year ►	nents
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►	\$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sect 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expension include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	e statement, and balance sheet, and scribes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Control of Art, Historical Treasures, O	Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	). ·
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in furtheranthe text of the footnote to its financial statements that describes these items.	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,
<b>b</b> If the organization elected, as permitted under SFAS 116, to report in its revenue statement are treasures, or other similar assets held for public exhibition, education, or research in further an amounts relating to these items:	nd balance sheet works of art, historical ce of public service, provide the following
(i) Revenues included in Form 990, Part VIII, line 1	<b>⊁</b> \$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 relating to these items:	r financial gain, provide the following
a Revenues included in Form 990, Part VIII, line 1	<b>.</b> \$
<b>b</b> Assets included in Form 990, Part X	

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1,077,327 1,038,686 **1a** Beginning of year balance..... 240,937. 170,335 **b** Contributions..... c Net Investment earnings, gains, 145,413 -107,225 and losses ..... 38,081 24,469 d Grants or scholarships . . . . . . . e Other expenditures for facilities and programs ..... f Administrative expenses ...... 1,425,596. 1,077,327 g End of year balance..... 2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 1.00 %
b Permanent endowment ► 99.00 %
c Term endowment ► 8

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations.

a Are there endowment funds not in the possession of the organization that are neid and administered for the organization by:

(i) unrelated organizations.

(ii) related organizations.

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes No
3a(i) X
3a(ii) X
3b

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated Description of investment (a) Cost or other basis (b) Cost or other (d) Book Value (investment) basis (other) Depreciation 1a Land....... **b** Buildings..... c Leasehold improvements..... d Equipment ...... 0 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....

BAA

Schedule D (Form 990) 2009

Page 3

Part VII Investments—Other Securities See Formatte (a) Description of security or category (including name of security)	orm 990, Part X, II (b) Book value	(c) Method of valua	ation
		Cost or end-of-year mar	ket value
Financial derivatives	)		
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	-		
Part VIII Investments—Program Related (See	Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
		Cost or end-of-year ma	rket value
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)  Part IX Other Assets (See Form 990, Part X,	line 15)		
	escription		(b) Book value
BENEFICIAL INTEREST IN REMAINDER TRU			327,377.
GEM AND ART COLLECTION			366,085.
Total. (Column (b) must equal Form 990, Part X, col.(B),		· · · · · · · · · · · · · · · · · · ·	693,462.
Part X Other Liabilities (See Form 990, Part			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 25) (b) Amount		
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			
Part X Other Liabilities (See Form 990, Part (a) Description of Liability			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Page 4

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII,column (A), line 12).	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	281,229.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE . P.ARTXIV	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	410,505.
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
1	Total revenue, gains, and other support per audited financial statements	<b>1</b> 718,499.
2	· · · · · · · · · · · · · · · · · · ·	
i	a Net unrealized gains on investments	
J	b Donated services and use of facilities	
(	c Recoveries of prior year grants	
(	d Other (Describe in Part XIV)	
•	e Add lines 2a through 2d	2e 230,403.
3	Subtract line 2e from line 1	3 488,096.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
á	a Investments expenses not included on Form 990, Part VIII, line 7b	
ŀ	b Other (Describe in Part XIV)	
(	c Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 488,096.
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
1	Total expenses and losses per audited financial statements	1 307,994.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
ä	a Donated services and use of facilities	
ŀ	prior year adjustments	
(	C Other losses	
(	d Other (Describe in Part XIV)	
•	Add lines 2a through 2d	2e 101,127.
3		3 206,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
ä	a Investments expenses not included on Form 990, Part VIII, line 7b	
ŀ	other (Describe in Part XIV)	
	Add lines <b>4a</b> and <b>4b</b>	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5 206,867.
Pai	rt XIV   Supplemental Information	
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this pa mation.	lines 1b and 2b; Part V, rt to provide any additional
	PART III, LINE 4 - DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHER	S EXEMPT PURPO
	AS IT RELATES TO THE GEM AND ART COLLECTION, THE FOUNDATION INTENDS T	O RETAIN THESE
	AS INVESTMENTS AND SELL THE ITEMS ON AN AS-NEEDED BASIS. INVESTMENTS	ARE MAINTAINED
	TO EARN INTEREST AND INCREASE IN VALUE IN ORDER TO PAY SCHOLARSHIPS T	O STUDENTS OF
	COLLEGE OF THE SISKIYOUS.	
	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	
	DONOR-RESTRICTED SCHOLARSHIP ENDOWMENT FUNDS CONSIST OF PERMANENTLY F	RESTRICTED
	CONTRIBUTIONS RECEIVED FOR VARIOUS SCHOLARSHIP PROGRAMS. EARNINGS ON	N THESE

Schedule D (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION  Part XIV   Supplemental Information (continued)	94-3146801	Page 5
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)		
ENDOWMENTS ARE USED FOR THE PAYMENT OF SCHOLARSHIPS UNDER THE VAR	IOUS PROGRAMS.	
DONOR-RESTRICTED TITLE III ENDOWMENT FUNDS ARE FEDERAL GRANT RECE	IPTS (AND MATCHI	NG
CONTRIBUTIONS) WHICH ARE TO BE HELD FOR A PERIOD OF TWENTY YEARS.	_EARNINGS_ON_TF	HESE
FUNDS ARE TO BE SPENT ON MAINTENANCE OF THE RURAL HEALTH SCIENCE	INSTITUTE. AT T	CHE
END OF THE TWENTY YEAR PERIOD, THE GRANT PROCEEDS AND MATCHING CO	NTRIBUTIONS ARE	
AVAILABLE TO BE USED TO PAY VARIOUS RURAL HEALTH SCIENCE INSTITUE	RELATED	
EXPENDITURES.		
	·	
		<u></u>

Schedule <b>D</b> (Form 990) 2009 COLLEGE OF	THE SISKIYOUS FOUNDATION	94-3146801	Page 5
Schedule D (Form 990) 2009 COLLEGE OF Part XIV Supplemental Information (	continued)		
	-		
	, to the court core con you goes and core core con took took past you soon took court court come took come come come come come come come come		
			. <del></del>
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2009

### SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CLIENT 4786-002 COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

SCHEDULE D	PART XI, L	INE 8		
OTHER CHAN			<b>FUND</b>	<b>BALANCES</b>

### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

COI	OLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801						
Pai	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  Part I Form 990EZ filers are not required to complete this part.						
	Indicate whether the organization				owing activities. Check	all that apply.	
•	Mail solicitations	raioca rainas im	ough uny	01 1110 1011	Solicitation of non-	, , -	
	Internet and email solicitations	S			Solicitation of gove	-	
	Phone solicitations				Special fundraising		
	In-person solicitations						
22	Did the organization have written	or oral agreeme	ent with ar	ny individu	al (including officers, di	irectors, trustees or key	′ □.      □.
	employees listed in Form 990, Par			•	-		h
ł	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	dividuals or en ne organization.	tities (fund	draisers) p	ursuant to agreements	under which the fundra	iser is to be
	(D. N	Z125 A = 15 - 51	(iii) Did	fundraiser	(i.) O	(v) Amount paid to (or retained by)	(vi) Amount paid to
	(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	dy or control	(iv) Gross receipts from activity	fundraiser listed in	(vi) Amount paid to (or retained by)
	444 400000 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<del> </del>	ibutions?		col.(i)	organization
			Yes	No			
	, , , , , , , , , , , , , , , , , , ,		<u> </u>				
			<del> </del>				
				ļ			
			I	L			
	Total			<b>.</b>			0.
3	Total	ation is register	ed or lice	nsed to so	licit funds or has been	notified it is exempt fro	om registration
	or licensing.						
					مه جسمو جسمو جسمو جسمو جسمو پسبو پسبو مسمو جسمو جسمو	, , , , , , , , , , , , , , , , , ,	

II GI		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts grea	nter than \$5,000.
_			(a) Event #1 GOLF TOURNAMEN	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
R E V			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	17,344.			17,344.
-	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	17,344.	-		17,344.
	4	Cash prizes				
n	5	Noncash prizes				
D R E C T	6	Rent/facility costs	5,184.			5,184.
	7	Food and beverages	· · · · · · · · · · · · · · · · · · ·			
X P E	8	Entertainment				
EXPERSES	9	Other direct expenses	2,879.			2,879.
S	10	Direct expense summary. Add lines 4- th				
Da.	11 + III	Net income summary. Combine lines 3, o				9,281.
Га	U 111	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	alion answered i re	s to Form 990, Pai	reported in the second	orted more than
R			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE				bingo/progressive bingo		(Add col. (a) through col. (c))
Ü	1	Cross revenue				
	7	Gross revenue				
D X	2	Cash prizes				
D-RECT EXPENSES	3	Non-cash prizes				
S	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		▶	
	8	Net gaming income summary. Combine li	nes 1, column (d) and	line 7		
0	Ento	or the state(s) in which the organization on	oratos gomina activitio			YES NO
		er the state(s) in which the organization op e organization licensed to operate gaming				9a
b	If 'No	o,' explain:				
		e any of the organization's gaming license: es,' explain:	s revoked, suspended	or terminated during the	e tax year?	10a
		· 				
11	 Does	the organization operate gaming activitie	s with nonmembers?			
12	Is the	e organization a grantor, beneficiary or tru inister charitable gaming?	stee of a trust or a me	mber of a partnership of	or other entity formed to	12
	uuiii	onamano gaming	· · · · · · · · · · · · · · · · · · ·			

Schedule <b>G</b> (Form 990 or 990-EZ) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION	94-3146801			age <b>3</b>
i I	F	<u>'</u>	YES	NO
13 Indicate the percentage of gaming activity operated in:	0			
a The organization's facility	0/0			
b An outside facility				
14 Enter the name and address of the person who prepares the organization's gaming/special events book	s and records:			
Name: ►				
Name: ►				
Address: ►				
/ tall 000.				
15 a Does the organization have a contact with a third party from whom the organization receives gaming rev	venue?	15 a	EDWARD PARTY	\$163000000000
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$and	F2			
of gaming revenue retained by the third party \$				
c If 'Yes,' enter name and address of the third party:				
Name: •				
Address: ►				
16 Gaming manager information	Monthly West			
Name: <b>-</b>				
Gaming manager compensation ► \$				
Gaming manager compensation > \$\frac{\partial}{2}_{				
Description of services provided: ►				
2030/phon of 301/1003 provided.				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds	to retain the			
state gaming license?		17a	05500000000000	apasale acatas
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the			
organization's own exempt activities during the tax year: ► \$				
<b>BAA</b> TEEA3703L 02/05/10 Sche	edule G (Form 990	or 990	J-EZ)	) 2009

# SCHEDULE I

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2009

Open to Public Inspection

% N (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 94-3146801 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) SEE PART IV o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed...... 10,947 (c) IRC section if applicable Part | General Information on Grants and Assistance 68-0321440 COLLEGE OF THE SISKIYOUS FOUNDATION (b) EIN Enter total number of other organizations... 1 (a) Name and address of organization 1 COLLEGE OF THE SISKIYOUS ı 800 COLLEGE DRIVE 1 1 1 Name of the organization İ WEED, CA 96094 I ١ ] ] 1 1 1 1 1 i ] 1 1 i I

Schedule I (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	49	21,776.			
Part IV Supplemental Information. Comp	Complete this part to p	provide the information required	ion required in Part	t I, line 2, and any other	er additional information.
PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED	SCRIPTION OF HO	<u>W GRANTS ARE U</u>	<u> 1SED</u>		
THE_ORGANIZATION_ISSUED_TWO_GRANTS_TO_THE	ANTS TO THE DI	DISTRICT: MERCY MEDICAL STUDENT WORKERS	MEDICAL STUDENT	L WORKERS AND	
FACULTY_AND_STAFF_GRANTS, THE_MONITORING_PROCESS_FOR_EACH_OF_THESE_GRANTS_IS	MONITORING PRO	CESS FOR EACH	OE THESE GRANTS	I I S	
DISCUSSED_BELOW.					
FOR_THE_AMOUNT_PAID_FOR_MERCY_MEDICAL_STUDENT_WORKERS,	MEDICAL STUDEN	- 1	STUDENTS ARE PLACED WITH	ED WITH THE	
LOCAL HOSPITAL BY THE NURSING INSTRUCTOR.	ı	SIGNED TIME SHEETS ARE SUBMITTED BY THE	ETS ARE SUBMIT		
SUPERVISOR_AND_THE_STUDENTS_ARE_PAID_THROUGH_THE_USUAL_PAYROLL_PROCESS_AT_THE	E PAID THROUGH	THE USUAL PAY	ROLL PROCESS AT	_ THE	
DISTRICTAT_THE_END_OF_THE_YEAR_THE_FUNDS	(EAR_ THE_ FUNDS.	ARE WITHDRAWN FROM THE MERCY MEDICAL	FROM_THE_MERCY	MEDICAL	
ACCOUNT HELD AT THE FOUNDATION TO PAY FOR		STUDENT SALARIES.			

Schedule I (Form 990) 2009

BAA

94-3146801

### PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

FOR THE AMOUNT PAID TO FACULTY AND STAFF GRANTS, GRANT APPLICATIONS REQUIRE A DETAILED DESCRIPTION OF THE PROJECT AND IT'S COSTS. ONCE AWARDED, THE RECIPIENT SUBMITS THE PURCHASE REQUESTS, PAYMENT VOUCHERS, ETC. TO THE FOUNDATION OFFICE FOR PROCESSING. THE FOUNDATION STAFF REVIEWS, APPROVES AND TRACKS ALL EXPENDITURES OF THE GRANT FUNDS AND ENSURES THE FUNDS ARE SPENT FOR THE APPROVED PURPOSE.

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

COLLEGE OF THE SISKIYOUS FOUNDATION

Part I Questions Regarding Compensation

Employer identification number 94-3146801

			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
İ	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
;	a Receive a severance payment or change-of-control payment?	4a		X
- 1	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
(	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5 a		X
ı	<b>b</b> Any related organization?	5b		X
	If 'Yes' to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	6a		X
ı	b Any related organization?	6b		X
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		X

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

Schedule J (Form 990) 2009

Page 2 Schedule J (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Betirement and	oldonotroll (d)	(F) Total of a late	(F) Company
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E)   Octal of Columns (B)(I)-(D)	reported in prior Form 990 or
RANDALL C. LAWRENCE	(1)	**************************************		0	0.		0.
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	(ii)						*
	(i)				Thirting.	The state of the s	D. Compression and
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ВАА			TEEA4102L 02/	02/02/10		Sched	Schedule <b>J</b> (Form 990) 2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

2009

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity **Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 94-3146801 (E)
Public charity status (if section 501(c)(3)) (End-of-year assets Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section (**D)** Total income TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) CABAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity Primary activity EDUCATION (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity COLLEGE OF THE SISKIYOUS FOUNDATION COLLEGE OF THE SISKIYOUS 800 COLLEGE AVENUE WEED, CA 96094 68-0321440

Schedule R (Form 990) 2009 COLLEGE OF THE SISKIYOUS FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 94-3146801

Page 2

			7.00	10 10 10 10 00 00	رد الله و در الل	/: 15			
(A) Name, address, and EIN of related organization	(B) (C) (D) Primary Activity Legal Direct domicile controlling entity (state or	(C) Legal domicile (state or	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded		Share of total income Share of end-of-year assets	(H) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule	(J) General or managing partner?
		foreign country)		from tax under sections 512-514)			Yes No	K-1 (Form 1065)	Yes No
									<b>_</b>
								an analysis of the state of the	
; 									
The state of the s									

Part IV 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.)	axable as a Coled organizations	rporation or Trust (Comp treated as a corporation	ete if the organizor trust during th	zation answered 'Ye tax year.)	es' to Form 990, Pa	art IV,
( <b>A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(B) (C) (D) Type of entity (C) corp, S corp, country) (C) (D) Type of entity (C) corp, S corp, country) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Type of entity (C corp, S corp, or trust)	(F) Share of total income	( <b>G)</b> Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

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94-3146801

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

N-1- O-11 1 4 1	The state of the s		
Note: Complete line I if any entity is listed in Parts II, III, or IV of this schedule.		Yes	ž
. Daming and data are are algumentation angage in any or the following than sactions with one or more related organizations listed in Parts II-1V;  a Receipt of (1) interest (11) annuities (111) royalties (114) rept from a controlled entity.			•
Coccept of (f) animates (ii) regardes (iv) refit from a conflored effold			×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b X	
c Gift, grant, or capital contribution from other organization(s)		1c	
d Loans or loan guarantees to or for other organization(s).		╀	×
e Loans or loan quarantees by other organization(s)		:	4 >
		 ייי	٥
f Sala of accept to other organization(e)		,	2
		:	<  :
g Furchase of assets from other organization(s)		1g	×
		1 :	×
i Lease of facilities, equipment, or other assets to other organization(s)			×
Lease of facilities, equipment, or other assets from other organiza		11:	×
k Performance of services or membership or fundraising solicitations for other organization(s)		1k	×
l Performance of services or membership or fundraising solicitations by other organization(s)			×
m Sharing of facilities, equipment, mailing lists, or other assets			×
n Sharing of paid employees		1n X	
o Beimhureamant noid to other arganization for avenue		T	>
o ivenimal senient paid to other organization for expenses		01	4
p Reimbursement paid by other organization for expenses		1p	$\times$
a Other transfer of cash or property to other organization(s)			>
y Other transfer of each or property from other organization(s)			<   >
I date it aliable of cash of property from other organization (S).		- 1	۲
z 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.	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	,eq
(1) COLLEGE OF THE SISKIYOUS	Ω	10,	947.
(2) COLLEGE OF THE SISKIYOUS	U	80,	80,000.
(3) COLLEGE OF THE SISKIYOUS	Z	101,127	127.
(4)			
(5)			
(9)		:	
<b>BAA</b> TEEA5003L 02/05/10	Schedu	Schedule <b>R</b> (Form 990) (2009)	(2009)

94-3146801 **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.

(A) Name, address, and EIN of entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)		(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1055)	(H) General or managing partner?	<u>-</u>
			Yes No		Yes No		Yes No	_
     					***************************************		······	
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Schedule R (Form 990) (2009)

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### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

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 Inspection

	Employer identification number 94-3146801
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
PERFORMING ARTS SERIES - PRODUCTION OF PERFORMANCES THROUGHOUT	THE YEAR TO FURTHER
THE EDUCATION AND APPRECIATION OF THE ARTS FOR STUDENTS AND THE	
	COMPONITION TO THE PROPERTY OF
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE COMPLETED FORM IS PRESENTED TO THE FOUNDATION EXECUTIVE COM	
ADDDOVAL	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN THE COLLEGE OF TH	
OR UPON REQUEST FROM THE COLLEGE OF THE SISKIYOUS ADMINISTRATIV	
DEPARTMENT. GOVERNING/ORGANIZING DOCUMENTS ARE AVAILABLE ON THE	COLLEGE OF THE
SISKIYOUS WEBSITE.	
FORM 990, PART VII - COMPENSATION EXPLANATION	
RANDALL C. LAWRENCE	·
RANDALL C. LAWRENCE RECEIVES HIS COMPENSATION FROM COLLEGE OF T	HE SISKIYOUS IN HIS
ROLE AS PRESIDENT OF THE COLLEGE.	

Schedule O (F		2009		***************************************		 			Page 2
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