Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning $\overline{\mathtt{JUL}\ 1}$, 2011, and ending $\overline{\mathtt{JUN}\ 30}$, 20 12

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service See instructions. Name of exempt organization Employer identification number COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Name and title of officer GREG MESSER PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter .0.). But, if you entered .0. on the return, then enter .0. on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1a Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ► Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MATSON AND ISOM to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State

Officer's signature 🕨 Taxpayer's copy

program, I will enter my PIN on the return's disclosure consent screen.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Part III | Certification and Authentication

ERO's signature 🕨

Date >

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

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

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

applicable:	dentific	ation number
Address		
COLLEGE OF THE SISKIYOUS FOUNDATION		
Name Doing Business As	94 - 31	L46801
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone	e number	
Temin- 800 COLLEGE AVENUE	(530)	
Arnended return City or town, state or country, and ZIP + 4 G Gross receip		925,043.
		~~~~
		Yes X No
F Name and address of principal officer: GREG MESSER for affilia		
		uded? X Yes No
1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No,"	attach a l	ist. (see instructions)
J Website: ► HTTP: //WWW.SISKIYOUS.EDU/PUBLICRELATIONS/FO H(c) Group		
	991 M	State of legal domicile; CA
Part   Summary		
g 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF TH	E COI	LEGE OF
THE SISKIYOUS AUXILIARY FOUNDATION IS TO SOLICIT AND  Check this box If the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a)	RECE:	[VE
2 Check this box If the organization discontinued its operations or disposed of more than 25% of	its net as:	sets.
3 Number of voting members of the governing body (Part VI, line 1a)	з	15
		15
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		0
6 Total number of volunteers (estimate if necessary)	6	0
5 Total number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2011 (Part VI, line 2a)  Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Prior Yea		Current Year
334		750,400.
9 Program service revenue (Part VIII, line 2q)	836.	116,514.
W	737.	60,792.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 68,	228.	-18,066.
the state of the s		909,640.
<u> </u>	$\frac{333.}{474.}$	97,055.
	0.	97,035.
14 Benefits paid to or for members (Part IX, column (A), line 4)	$\frac{0.1}{0.1}$	50,904.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17.4	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.
b Total fundraising expenses (Part IX, column (D), line 25)	435	F00 CF0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	435.	520,659.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 216,		668,618.
	646.	241,022.
Beginning of Curr		End of Year
20 Total assets (Part X, line 16) 2,595, 21 Total liabilities (Part X, line 26) 72,	902.	2,986,487.
21 Total liabilities (Part X, line 26)	654.	138,424.
22 Net assets or fund balances. Subtract line 21 from line 20 2,523,	248.	2,848,063.
Part II   Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my	knowledge and bellef, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge.	
TAXPAYER'S COPY		
Sign   Signature of officer Date		
Here GREG MESSER, PRESIDENT		
Type or print name and title		
Print/Type preparer's name Preparer's signature Date	Check	PTIN
Paid ROBERT GRIFFITH	il sell-employe	
	s EIN 🛌	94-2222122
Use Only Firm's address 1726 COURT STREET		
REDDING, CA 96001	e no. (!	530)241-2515
May the IRS discuss this return with the preparer shown above? (see instructions)		X Yes No

	n 990 (2011) COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	ζ]
1	Briefly describe the organization's mission: THE MISSION OF THE COS AUXILIARY FOUNDATION IS TO SOLICIT AND RECEIVE CONTRIBUTIONS AND DISPENSE FUNDS TO ASSIST STUDENTS AND SUPPORT THE EDUCATIONAL PROGRAMS AND GENERAL WELFARE OF THE COLLEGE OF THE SISKIYOUS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$	
4b	(Code: ) (Expenses \$ 97,055 including grants of \$ ) (Revenue \$	
	(Code: ) (Expenses \$ 97,055 including grants of \$ ) (Revenue \$ GRANTING OF SCHOLARSHIPS AND GRANTS.	
4c		
4c	GRANTING OF SCHOLARSHIPS AND GRANTS.  (Code:)(Expenses \$464,706. Including grants of \$) (Revenue \$830 OTHER MISCELLANEOUS PROGRAMS CREATED TO SUPPORT THE ORGANIZATIONS	

Form **990** (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II	-4		
Ð	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			4 1 1 1
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			77
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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	11c		Х
d	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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<del></del>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		٠,,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	- <del>-</del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a		14a	<del> </del>	<u>^</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16		Х
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		107	İ
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	<del> </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			************	·

Form 990 (2011) COLLEGE OF THE SIS
Part IV Checklist of Required Schedules (continued)

		· r · · · · · · · · · · · · · · · · · ·		
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	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,	21		
2.2.	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	22		<del></del>
2.0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2.70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
ь	Schedule K. If "No", go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		<del> </del>
200		05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	- 25
ស	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFL		х
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
2.0	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	000		Х
27		26	<b></b>	
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27	5	1 21
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		and redain	÷
_		00-	17.5	Х
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule L, Part IV	28b	ļ	
U		00-		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30		29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		Х
31	contributions? If "Yes," complete Schedule M	30		- 21
31		24		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	ļ	
55	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?	33		
<b>0</b> -4		24	х	
350	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	25	X
		35a		12
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	-	<del> </del> -
00		36	х	
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		ļ
IJ1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31	<b></b>	1
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Action with coordinate are required to complete domedule O	1 30		1

	1990 (2011) COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146	801	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	J		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100		
	filed for the calendar year ending with or within the year covered by this return2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.	er Janahan		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		·····
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			······
ULI	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
u		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	UD		<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1,0		
		7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b></b>		<del> </del>
		7g 7h		<del> </del>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	70	Mr	ļ
U	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		25 -	
9		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?		·	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		<u> </u>
10 D		9b		
	Section 501(c)(7) organizations. Enter:		<u> </u>	
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a		ļ .	ĺ
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
0-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>∤</b>		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	100	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
1-	Note. See the instructions for additional information the organization must report on Schedule O.			
O	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	1		
C	Enter the amount of reserves on hand	<del> </del>	<b> </b>	+

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form 990 (2011) COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Page
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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books are personally an experience of the person who person of the person who person of the person who person of the pe	tion: 🕨	<b>-</b>	
	KENT GROSS - CONTROLLER - (530) 938-5529			
	800 COLLEGE AVENUE, WEED, CA 96094			

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organize (A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				ls bal	h an	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SUE BOSTON								_	_	_	
DIRECTOR	1.00	Х		_	<u> </u>			0.	0.	0	
(2) MARGARET DEAN		l									
DIRECTOR	1.00	X						0.	0.	0	
(3) ROBERT RICE	1 00			ŀ	Ì				0		
DIRECTOR	1.00	X	ļ		<u> </u>			0.	0.	0	
(4) RONDA GUBETTA	1 00	77									
DIRECTOR (5) JACK COOK	1.00	X	_					0.	0.	0	
(5) JACK COOK TREASURER	1.00	~		x				0.	0.	0	
(6) SHARON STROMSNESS	1.00	X	<u> </u>	Δ.				U •	U .	0	
DIRECTOR	1.00	X						0.	0.	0	
(7) GREG MESSER	1.00	1	-		<b></b>				0.	0	
PRESIDENT	1.00	x		х				0.	ο.	0	
(8) RENNIE CLELAND		-	-	-		<del> </del>		ļ			
DIRECTOR	1.00	x						0.	0.	0	
(9) RANDALL C. LAWRENCE		<del>                                     </del>								······································	
DIRECTOR	1.00	x						0.	164,533.	45,855	
(10) CONNIE MARMET											
DIRECTOR	1.00	X						0.	0.	0	
(11) DEBORRA BRANNON											
VICE PRESIDENT	1.00	X		X				0.	0.	0	
(12) DENNIS SBARBARO											
DIRECTOR	1.00	X						0.	0.	0	
(13) CHRIS VANCIL								_		_	
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	ļ		0.	0.	0	
(14) ROBIN STYERS	1 00	٦,									
DIRECTOR	1.00	X	ļ		ļ	ļ		0.	0.	0	
(15) DAWNA COZZALIO SECRETARY	1.00	х		x				0.	0.	0	
BECRETAKI	1.00	^		^	<u> </u>			0.	<u> </u>		
		<u> </u>			ļ					i i	
		<u> </u>			ــــــــــــــــــــــــــــــــــــــ			<u> </u>	<u> </u>	- 000 /	

Form 990 (2011)

Ра	TVII Section A. Officers, Directors, Tr	ustees, Key Ei	mple	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)				
	(A)	(B)			•	C)			(D)	(E)		(F)		
	Name and title	Average hours per week	offl	not c , unle cer ar	ss pe	more Irson	than is bot	h an	Reportable compensation from	Reportable compensatio from related	on d	arr	timate iount i other	of
		(describe hours for related	ee or director	sire			nsated		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr	oensa om the anizati	е
		organizations in Schedule O)	Individual trustee	institutional trustae	Officer	Кеу етріоуее	Highest compens employee	mer				and	i relat nizatio	ed
		0,	<u> </u>	를	5	Ke	분등	æ						
													······································	
								-				***************************************	·····	<del></del>
•														<del>.,</del>
<del></del>														
														***************************************
1b	Sub-total	II. Section A					<b>&gt;</b>	L	0.	164,5	33.	4	5,8	55 0
d	Total (add lines 1b and 1c)								0.	164,5	33.	4	5,8	55
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d al	oove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			(
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										- 1	·	Yes	No X
4	For any individual listed on line 1a, is the suand related organizations greater than \$150	ım of reportabl	le co	omp	ense	ation	and	d oth		the organization	Γ	3 4	х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or Indiv	idual for services	;	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npensa	ation f	rom	
	(A) Name and business	address	NC	ONE	C				(B) Description of s	services	C	ompe ompe	) nsatio	n
				Mark tanden							!			
				····				_						
·														
								$\dashv$	·					······································
2	Total number of Independent contractors (I		ot lir	mite	d to		~	sted	l above) who received r	nore than				
	\$100,000 of compensation from the organization	zation 🕨				(	)							

Form **990** (2011)

Statement of Revenue Part VIII (D) Revenue (A) (C) Unrelated Total revenue Related or excluded from tax under sections 512, 513, or 514 exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 1a b Membership dues ..... 1b c Fundraising events _____ 1c d Related organizations ..... 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 750,400 g Noncash contributions included in lines 1a-1i: \$ 750,400 h Total. Add lines 1a-1f ...... Business Code 900099 2 a THRIFTSTORE SALES 102,519 102,519. Program Service Revenue PERFORMING ARTS REVENU 900099 13,165. 13,165 OTHER PROGRAM REVENUES 900099 830. 830. f All other program service revenue ..... Total. Add lines 2a-2f 116,514. Investment income (including dividends, interest, and 68,044. 68,044. other similar amounts) Income from investment of tax-exempt bond proceeds > Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents ..... b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 7,252 and sales expenses -7,252. c Gain or (loss) -7,252-7,252.d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 17,894 Other 8,151 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9,743 9,743. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code CHNG IN VALUE REMNDR T 900099 -27,809. -27,80911 a b d All other revenue e Total. Add lines 11a-11d -27,809. 173,054. 909,640. -13,814. Total revenue. See instructions. 132009 01-23-12

# Form 990 (2011) COLLEGE OF TH. 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).

COIT	aplete columns (B), (C), and (D).	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a respons	se to any question in th (A)		761	(D)
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	mo 40m	I		
	organizations in the United States. See Part IV, line 21	73,105.	73,105.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	23,950.	23,950.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 100	10 100		
7	Other salaries and wages	42,408.	42,408.		
8	Pension plan accruals and contributions (Include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,496.	8,496.		
11	Fees for services (non-employees):				
а	Management	-			
b					
С	Accounting	6,050.		6,050.	
d	, o	***************************************			
е	, , , , , , , , , , , , , , , , , , , ,		egiver, a average and a second a	Marie Manageria (Carlo de Carlo de Carl	
f					
g	Other				WOOD OF THE STREET
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	06.045	0.0 64.5	F 600	
16	Occupancy	26,245.	20,613.	5,632.	
17	Travel	39,121.	39,121.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Insurance		·····		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	. : 사용하 보다. 조하하다.			
_	amount, list line 24e expenses on Schedule 0.)	266,960.	266,960.		
a	SUPPLIES	78,946.		9,305.	
b	MISCELLANEOUS	60,405.	69,641. 60,330.	75.	
C	UTILITIES	11,427.	11,427.	/3.	
d	······································	31,505.	19,153.	12,352.	
	All other expenses	668,618.	635,204.	33,414.	0.
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	000,010	055,404.	J3,414,	U •
26					
	reported in column (B) joint costs from a combined	ł			
	educational campaign and fundraising solicitation.  Check here				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2011)

Pa	rt X	Balance Sheet	······································		
1			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	210,125.	2	169,966.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	9,121.	4	128,766.
	5	Receivables from current and former officers, directors, trustees, key		4.134	· ·
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	ı	. '	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	`		
		employers and sponsoring organizations of section 501(c)(9) voluntary			* 4
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
455	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	3,150.	9	3,151.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	, Co.	100	
	b		,	10c	
	11	Investments - publicly traded securities	1,995,215.	11	2,334,122.
	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	378,291.	15	350,482.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,595,902.	16	2,986,487.
	17	Accounts payable and accrued expenses	72,654.	17	138,424.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Again and a second
iabi		highest compensated employees, and disqualified persons. Complete Part II			New York
		of Schedule L		22	
	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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	100 101
	26	Total liabilities. Add lines 17 through 25	72,654.	26	138,424.
		Organizations that follow SFAS 117, check here   X and complete			.3
ses		lines 27 through 29, and lines 33 and 34.	004 546		211 004
ano	27	Unrestricted net assets	284,516.	27	311,884.
Fund Balances	28	Temporarily restricted net assets	1,717,952.	28	2,006,398.
рш	29	Permanently restricted net assets	520,780.	29	529,781.
교		Organizations that do not follow SFAS 117, check here	M. A.		
o or		complete lines 30 through 34.		14/4	
Net Assets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Zet	32	Retained earnings, endowment, accumulated income, or other funds	2,523,248.	32	2,848,063.
_	33	Total net assets or fund balances	2,595,902.	33	2,986,487.
	34	Total liabilities and net assets/fund balances	4,000,004.	34	Z, 300, 407.

-orп	1 990 (2011) COLLEGE OF THE SISKIYOUS FOUNDATION	94-314	980T	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>40.</u> 18.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3								
4	1 1 0							
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8	3,7	93.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,84	8,0	63.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		·				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue							
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
	or surfits, explain why in Schedule O and describe any stops taken to undergo such guidits		25					

Form 990 (2011)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service

Name of the organization

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

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

			OF THE SISK						94	-3146	801	
Part I	Reason	for Public Char	r <mark>ity Status</mark> (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.	<del> </del>	<del></del>		
The organ			because it is: (For lines									_
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(i)(A)(t)(d)					
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hosp	ital service organization (	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter tl	ne hospital'	s name,	
	city, and sta	te:										_
5 X	An organizat	ion operated for the	benefit of a college or u	niversity ov	wned or op	erated by	a governi	nental uni	t describe	ed In		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 📖	An organizat	ion that normally rec	elves a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	oublic desci	ribed in	
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 📙	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizat	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fi	rom contri	butions, m	nembership	p fees, ar	d gross red	eipts from	
			nctions - subject to certa			•				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	ıfter June 3	0, 1975.	
		509(a)(2). (Complete	•									
10	•	•	perated exclusively to te		•			•				
11			perated exclusively for the									
		· · · -	atlons described in secti		•		?). See sec	ction 509(a	a)(3). Che	ck the box	that	
	F	· · · · · · · · · · · · · · · · · · ·	organization and comple	L	_				,	T	S41	
	a Type		31	/ /	e III - Func	,			d ∟	Type III · C		
еШ			it the organization is not		•	•	•					
£		-	han one or more publicly ten determination from t		-				a(a)(T) or s	section 509	(a)(z).	
f	_	rganization, check th										٦
n		•	nis box organization accepted ar									١
g	-		lirectly controls, either al			-					Yes No	-
			upported organization?							11g(i)	100 110	
			n described in (I) above?									-
			person described in (i) o									-
h			about the supported or						•••••	/	L	-
				<b>5</b>	<b>\-</b> /-							
(i) Name	of supported	(II) EIN	(ili) Type of	(iv) is the o	rganization	(v) Did you	ı notify the	(vi) ls	the	(vii) Am	nount of	
	inization	(, =	organization (described on lines 1-9		sted in your			organizátic (i) organiz	on in col.   ed in the		port	
-			above or IRC section	governing	document?	(i) of you	support?	U.S	.?	•	•	
			(see Instructions))	Yes	No	Yes	No	Yes	Nο			_
					1			ļ				
				1			į.					
								ļ				

Schedule A (Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	1 1					
	membership fees received. (Do not						
	include any "unusual grants.")	767,584.	237,544.	321,211.	334,754.	750,400.	2411493.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
0	The value of services or facilities						
J		,					
	furnished by a governmental unit to						
	the organization without charge	767,584.	227 544	321,211.	221 751	750,400.	2411493.
	Total, Add lines 1 through 3	707,304.	237,544.	341,411.	334,/34.	750,400.	<u> </u>
5	· · · · · · · · · · · · · · · · · · ·	1,7434	; ·			of the second	
	by each person (other than a		:	and A.		Programme (	
	governmental unit or publicly			1			
	supported organization) included	٠,				·	
	on line 1 that exceeds 2% of the	7	i.				
	amount shown on line 11,			** **			
	column (f)			4. 1 (2)			
6	Public support. Subtract line 5 from line 4.	W 1		1.17		English Heritagan salah S	2411493.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009 321, 211.	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	767,584.	237,544.	321,211.	334,754.	750,400.	2411493.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	92,522.	61,235.	55,999.	64,488.	68,044.	342,288.
9	Net income from unrelated business		****				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	, , , , , , , , , , , , , , , , , , ,					
,,,	or loss from the sale of capital						
	assets (Explain in Part IV.)	22 339	-74,941.	40,027.	30,228.	-18,066.	-413.
44	Total support. Add lines 7 through 10	BB, 333 •	7 1 7 3 1 1 0	10,02,	30,220	20,000	2753368.
	•	ata /aaa laatu satis	·			12	465,516.
	Gross receipts from related activities,	•				L	103,3101
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop tion C. Computation of Publi	c Support Per	rcentage				
				_l /6\		14	87.58 %
	Public support percentage for 2011 (li					15	81.10 %
10	Public support percentage from 2010	Schedule A, Part	II, IINO 14		4.4.2.00.4.004		,, , , , , , , , , , , , , , , , , , ,
	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization		45 to 00 4/00/	/	***********
	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test	_					
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ						. [
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see Instruction	s ►

# Schedule A (Form 990 or 990 EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	quality under the tests listed b	alow, please com	piete Part II.)				
	tion A. Public Support		·	·			
Cale	ndar year (or fiscal year beginning in) ► [	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	<del></del>					
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose				<del> </del>		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					ļ	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		, 1				
	the organization without charge						
	Total. Add lines 1 through 5	·					
	Amounts included on lines 1, 2, and			<u> </u>			
7 8	· · · · · · · · · · · · · · · · · · ·						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income				<del> </del>		
Ŋ	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	<del></del>					
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,					į.	
	whether or not the business is				]		
	regularly carried on						
	Other Income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth i	tax vear as a section	n 501(c)(3) organiza	ation.
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Pe	rcentage		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Public support percentage for 2011 (li			polumn (fl)		15	%
	Public support percentage from 2010					16	%
	tion D. Computation of Inves					19 [	70
						47	0/
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2010. If the	•					
	line 18 is not more than 33 1/3%, ched	ok this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organizatior	ı did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	structions	<b>&gt;</b>

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2011

Employer identification number Name of the organization 94-3146801 COLLEGE OF THE SISKIYOUS FOUNDATION Organization type (check one): Filers of: Section: 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) and 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, total 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 total 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 its Form 990; or check the box on line H of its Form 990-EZ or on Part IV, 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).

Name o	forgan	ization	
--------	--------	---------	--

Employer identification number

### COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCCONNELL FOUNDATION  800 SHASTA VIEW DRIVE  REDDING, CA 96049-2050	\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

### COLLEGE OF THE SISKIYOUS FOUNDATION

94-3146801

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	Laboration of the Control of the Con
(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

Schedule B (	(Form 990	, 990-EZ,	or 990-PF)	(2011)

Name of organ	nization	Employer identification number	
COLLEGE	E OF THE SISKIYOUS FOU	MDATTON	94-3146801
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7) he following line entry. For organizations .c., contributions of \$1,000 or less for the	r, (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter by year. (Enter this information once.)
(a) No.		(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			Treationally of authorition to transfer co
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift  nd 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, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
(a) No. from Part (	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number 94-3146801

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 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		funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	<del>-</del> -	
	impermissible private benefit?		
Pa	t II   Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or	,	rically important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space	Fleseivation of a certifie	su (listoric structure
2	Complete lines 2a through 2d if the organization held a quali	find concentation contribution in the form of	a conservation assement on the last
2.	day of the tax year.	ned conservation contribution in the long of	a collectivation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements	1	
a			1 1
b			••••
٦ C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, revear	leased, extinguished, or terminated by the o	rganization during the tax
4		parment in located	
5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
J			Yes No
c	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and	_	
7			
8	Does each conservation easement reported on line 2(d) about a service 170/b/4//D/(ii/i)		
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or Oth	uar Similar Assats
L <u></u>	Complete if the organization answered "Yes" to Form		ier ommar Associs.
	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	••	•
			e of public service, provide, it rait XIV,
ь	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (As		nd balanca about works of set biotorical
b	treasures, or other similar assets held for public exhibition, e	• • •	•
	•	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		<b>•</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		วก คาค
0		an was ay othay similar appats for financial a	
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	јан, ргомие
_	the following amounts required to be reported under SFAS 1	, ,	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
Q	Assets included in Form 990, Part X		P P

Sche	edule D (Form 990) 2011 COLLEGE	OF THE S	SISKIY	OUS FO	DUNDATİC	N		94-31	46801	Page 2
Pa	rt III   Organizations Maintaining C	ollections of	Art, His	torical Ti	reasures, o	r Othe	r Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other rec	ords, chec	k any of the	following that	are a si	gnificant	use of its	collection	ı items
	(check all that apply):		·							
a	Public exhibition				change progra					
b	Scholarly research		e X	Other II	WESTMEN	ľT				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and exp	olain how t	hey further	the organizatio	n's exer	npt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donatio	ns of art, h	Istorical trea	asures, or othe	r similar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part	of the orga	anization's c	ollection?				Yes	X No
Pa	rt IV Escrow and Custodial Arran	gements. Con	nplete if th	e organizatio	on answered "	Yes" to	Form 990	), Part IV,	ine 9, or	
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interr	nediary for	contributio	ns or other ass	ets not	included		-	
	on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •				Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
									Amount	
С	Beginning balance		,		· · · · · · · · · · · · · · · · · · ·		1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, I	ine 21?						Yes	L No
	If "Yes," explain the arrangement in Part XIV.									
Pai	t V Endowment Funds. Complete i	the organization	answered	"Yes" to Fo	orm 990, Part I	V, line 1	0.			
		(a) Current year	r (b) F	Prior year	(c) Two years	back	(d) Three y	years back	(e) Four	years back
1a	Beginning of year balance	1,831,36	7. 1	.,425,596						
b	Contributions	260,91	5.	262,564						
С	Net investment earnings, gains, and losses	120,98	6.	183,580						
d	Grants or scholarships	30,65	7.	40,373						
	Other expenditures for facilities									
	and programs									
f	Administrative expenses			*****						
g	End of year balance	2,182,61	1. 1	,831,367						
2	Provide the estimated percentage of the curr	ent year end bala	ance (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment	1.00	%	. ,	"					
b	Permanent endowment ► 99.00	%								
С	Temporarily restricted endowment ▶		,							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the orga	nization th	at are held a	and administer	ed for th	ne organi:	zation		
	by:	-					_			Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as require	d on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 9	990, Part X	(, line 10.						
	Description of property	(a) Cost o	r other	(b) Cos	t or other	(c) Ac	cumulate	ed	(d) Bool	k value
		basis (inve	stment)	basis	(other)	dep	preclation	1		
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									***************************************
Total	. Add lines 1a through 1e, (Column (d) must ed	qual Form 990, P	art X, colui	mn (B), line	10(c).)			<u> </u>		0.

Part VII Investments - Other Securities.	See Form 990, Part X, II			JIIOOUI Page C
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat ost or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	ine 13.		
(a) Description of investment type	(b) Book value	С	(c) Method of valuat ost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶	-	Production and the second		
Part IX Other Assets. See Form 990, Part X, Ii				
	(a) Description	TOP		(b) Book value
	REMAINDER TRU	)ST		317,947. 32,535.
				34,333
(3) (4)		A A A A A A A A A A A A A A A A A A A		
(5)				
(6)				
(7)		<u> </u>		
(8)				
(9)				
(10)				050 400
Total. (Column (b) must equal Form 990, Part X, col (B) I			<b>&gt;</b> 1	350,482
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25.	(h) Book value		
		(b) Book value		
(1) Federal income taxes				
(2) (3)			-	
(4)			-	
(5)			· ·	
(6)	***************************************	***************************************		
(7)				
(8)			_	
(9)			_	
(10) (11)				

**********	edule D (Form 990) 2011 COLLEGE OF THE SISKIYOUS FO				146801	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	~~~~ <del>~~~</del>				
2	Total expenses (Form 990, Part IX, column (A), line 25)					
3	Excess or (deficit) for the year. Subtract line 2 from line 1					
4						
5	Net unrealized gains (losses) on investments		5			
	Donated services and use of facilities			,		
6	Investment expenses		7			
7	Prior period adjustments					
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and it XII. Reconciliation of Revenue per Audited Financial Statement			2 aturn		
·				Tall		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1		-		
a	•	2a		-		
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c		-		
ď	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			4		
ь	Other (Describe in Part XIV.)	4b		-		
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme			r Hetur	n	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)			_		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_  • •		
b	Other (Describe in Part XIV.)	4b		_		
	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Par	t XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a a	nd 4; Part IV, lines	1b and 2l	b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl					
PA	RT III, LINE 4: AS IT RELATES TO THE GEM AN	ID ART	COLLECTI	$\Gamma$ , $NC$	'HE	
FOU	NDATION INTENDS TO RETAIN THESE AS INVEST	ENTS	AND SELL '	THE I	TEMS ON	I AN
AS-	NEEDED BASIS. INVESTMENTS ARE MAINTAINED	TO EA	RN INTERE	ST AN	D INCRE	EASE
IN	VALUE IN ORDER TO PAY SCHOLARSHIPS TO STUD	ENTS	OF COLLEG	E OF	THE	
SIS	KIYOUS.					
PAF	T V, LINE 4: DONOR-RESTRICTED SCHOLARSHIP	ENDOW	MENT FUND	s con	ISIST	
OF	PERMANENTLY RESTRICTED CONTRIBUTIONS RECEI	VED F	OR VARIOU	S SCH	OLARSH	[P

Schedule D (Form 990) 2011 COLLEGE OF THE SISKIYOUS FOUNDA'TION 94-3146801 Page 5 Part XIV Supplemental Information (continued)
PROGRAMS. EARNINGS ON THESE ENDOWMENTS ARE USED FOR THE PAYMENT OF
SCHOLARSHIPS UNDER THE VARIOUS PROGRAMS. DONOR-RESTRICTED TITLE III
ENDOWMENT FUNDS ARE FEDERAL GRANT RECEIPTS (AND MATCHING CONTRIBUTIONS)
WHICH ARE TO BE HELD FOR A PERIOD OF TWENTY YEARS. EARNINGS ON THESE
FUNDS ARE TO BE SPENT ON MAINTENANCE OF THE RURAL HEALTH SCIENCE
INSTITUTE. AT THE END OF THE TWENTY YEAR PERIOD, THE GRANT PROCEEDS AND
MATCHING CONTRIBUTIONS ARE AVAILABLE TO BE USED TO PAY VARIOUS RURAL
HEALTH SCIENCE INSTITUE RELATED EXPENDITURES.

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization Employer identification number COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ fillers are not Part I 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 Phone solicitations __ Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundralser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

94-3146801 Page 2 Schedule G (Form 990 or 990-EZ) 2011 COLLEGE OF THE SISKIYOUS FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT CRAFT FAIR col. (c)) (total number) (event type) (event type) 12,746. 5,148. 17,894. 1 Gross receipts 2 Less: Charitable contributions 12,746. 3 Gross income (line 1 minus line 2) ...... 17,894. 5,148 4 Cash prizes Noncash prizes Expenses 6,133. 6,133. 6 Rent/facility costs Direct I 18 18. Food and beverages 8 Entertainment 999. 1,001. 2,000. 9 Other direct expenses ..... 8,151, 10 Direct expense summary. Add lines 4 through 9 in column (d) 9,743. 11 Net income summary. Combine line 3, column (d), and line 10. Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses 」Yes Yes 6 Volunteer labor ..... JNo 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ______Yes b If "Yes," explain:

Scl	hedule G (Form 990 or 990 EZ) 2011 COLLEGE OF THE SISKIYOUS FOUNDALION 94-3	1468	301	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y		□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		⁄es	□ No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name >	·····		<del></del>
	Address ►	·		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆 ነ	<b>Y</b> es	□ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	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:			
	Name ►			
	Constitution and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	substitution is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
n -	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	1 (866 !!	istruc	uoris).
				· · · · · · · · · · · · · · · · · · ·
		<del></del>		

2 Schedule I (Form 990) (2011) Employer identification number 94-3146801 THE PURPOSE OF THE THREE Open to Public OMB No. 1545-0047 PROVIDE FUNDING TO THE Inspection (h) Purpose of grant BRANTS ISSUED BY THE FOUNDATION WERE TO or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▼ Attach to Form 990. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS (d) Amount of cash grant 73,105 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COLLEGE OF THE SISKIYOUS FOUNDATION criteria used to award the grants or assistance? ........... (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance 68-0321440 (b) EIN 1 (a) Name and address of organization COLLEGE OF THE SISKIYOUS or government Name of the organization 800 COLLEGE DRIVE Department of the Treasury WEED, CA 96094 Internal Revenue Service SCHEDULE 1 (Form 990) Part 1 Part

COLLEGE OF THE SISKIYOUS FOUNDATION Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

Page 2

94-3146801

(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	63	23,950.	0		
			·		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	GANIZATIO	ORGANIZATION ISSUED THREE	THREE GRAN	GRANTS TO THE	
DISTRICT: MERCY MEDICAL STUDENT WO	WORKERS, M	MAXTRIX OUT	OUTCOMES MODEL,	i, AND A	
SCIENCE BUILDING GRANT. THE MONITORING	ORING PRO	PROCESS FOR	EACH OF TH	THESE GRANTS IS	1
DISCUSSED BELOW.					

FOR THE AMOUNT PAID FOR MERCY MEDICAL STUDENT WORKERS, STUDENTS ARE PLACED

SIGNED TIME SHEETS ARE WITH THE LOCAL HOSPITAL BY THE NURSING INSTRUCTOR.

SUBMITTED BY THE SUPERVISOR AND THE STUDENTS ARE PAID THROUGH THE USUAL

AT THE END OF THE YEAR THE FUNDS ARE PAYROLL PROCESS AT THE DISTRICT.

Schedule I (Form 990) 2011 COLLEGE OF THE SISKIYOUS FOUNDATION 94-3146801 Page 2 Part IV Supplemental Information
WITHDRAWN FROM THE MERCY MEDICAL ACCOUNT HELD AT THE FOUNDATION TO PAY FOR
STUDENT SALARIES.
FOR THE AMOUNT PAID FOR THE MATRIX OUTCOMES MODEL AND THE SCIENCE BUILDING,
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.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE OF THE SISKIYOUS
(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE THREE GRANTS
ISSUED BY THE FOUNDATION WERE TO PROVIDE FUNDING TO THE DISTRICT TO
FURNISH THE NEW SCIENCE BUILDING, TO SUPPORT, BROADEN AND EXTEND
PARTNERSHIPS IN CALIFORNIA COUNTIES AND TRIBAL COMMUNITIES FOCUSING ON
CHILD ABUSE PREVENTION, AND TO PROVIDE SUPPORT FOR A WORK-STUDY PROGRAM
FOR STUDENTS PURSUING A HEALTH CAREER.

### SCHEDULE J (Form 990)

### **Compensation Information**

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2011

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

➤ Attach to Form 990. ➤ See separate instructions.

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number

94-3146801

Yes No 1a 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 I 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 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 filling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. □ Compensation committee 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 filling organization or a related organization; a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X  $\overline{X}$ c Participate in, or receive payment from, an equity-based compensation arrangement? 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: X a The organization? 5a X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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 b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons 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 Х 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(i) Base compensation	(ii) Bonus &	(iii) Other	Reurement and	Nontaxable	lotal of columns	Compensation
C. LAWRENCE		incentive compensation	reportable compensation	other deferred compensation	benefits	(B)(J)-(D)	reported as deferred in prior Form 990
	164.533.	0	0	000	0.0 15 855	0 000	
			•	•	• 0 0 0 1	×I.	0
19							
3 (ii)							
(J)							
(ii)							
(6)							
5 (ii)							
(ii)							
(1)							
(ii) 7							
(1)							
(ii)							
(i)							}
(ii) 6							
(1)							
10 (ii)							
(ii) (iii)							
(5)							
12 (ii)							
13							
14							
(1)							
(ii)							
16 (ii)							

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number 94-3146801

**************************************
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTRIBUTIONS AND DISPENSE FUNDS TO ASSIST STUDENTS AND SUPPORT THE
EDUCATIONAL PROGRAMS AND GENERAL WELFARE OF THE COLLEGE OF THE
SISKIYOUS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PERFORMING ARTS SERIES - PRODUCTION OF PERFORMANCES THROUGHOUT THE YEAR
TO FURTHER THE EDUCATION AND APPRECIATION OF THE ARTS FOR STUDENTS AND
THE COMMUNITY.
EXPENSES \$ 14,976. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,165.
FORM 990, PART VI, SECTION B, LINE 11: LINE 11A EXPLANATION - THE
COMPLETED FORM IS PRESENTED TO THE FOUNDATION EXECUTIVE COMMITTEE FOR
REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION PAYS NO COMPENSATION
FOR OFFICERS OR KEY EMPLOYEES.
THE FOUNDATION PAYS NO COMPENSATION FOR A CEO, EXECUTIVE DIRECTOR OR ANY
TOP MANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19: 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.

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization	Page 2 Employer identification number
COLLEGE OF THE SISKIYOUS FOUNDATION	Employer identification number 94-3146801
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
	AND THE RESIDENCE OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSO
NET UNREALIZED GAINS ON INVESTMENTS:	83,793.
	MACAGER CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF TH

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

# Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) COLLEGE OF THE SISKIYOUS FOUNDATION

Employer identification number 94-3146801

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (	ations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	nswered "Yes" to Form 990,	Part IV, line 34 beca	use it had one or	more related tax-exen	jφt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code stection st	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
				501(c)(3))		Yes No
COLLEGE OF THE SISKIYOUS - 68-0321440 800 COLLEGE AVENUE	EDDCATION	CALIFORNIA				M
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (	Schedule R (Form 990) 2011

Page 2

94-3146801

Schedule R (Form 990) 2011 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.)

Part IV Identification of Related Organizations Trust Camplited if the organization answered "Yea" to Form 890, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust duming the tax year.)  Of related organization  Name address, and SIN  Primary activity  Of related organization  Of related organization  Research  Of related organization  Of related organization  Since of Primary activity  Of related organization  Activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Since of Primary activity  Of related organization  Of re	(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of cend-of-year assets	(h) Disproportion- are allocations? 20 Yes No K-	Code V-UBI amount in box m 20 of Schedule PK-1 (Form 1065) Y	General or Percentage paraneging ownership	ship ship
Primary activity Legal domicile Direct controlling Type of entity Share of total Share of farmery activity (C corp. S corp. income assets country)  Or trust)  A section (f) (g) (g) (h) (g) (corp. S corp. income assets assets)		anizations Taxable a	s a Corpo	ration or Trust (Cor	nplete if the organizat	ion answered "Yes"	to Form 990, Parl	. IV, line 34 be	cause it had one	or more relate	, 
	(a) Name, address, and Elv of related organization	Z _		(b) Primary activ			(e) Type of entity (C corp., S corp. or trust)	1 1			ship ship

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes
1 During the tax year, did the organization engage in any of the following transactio	ns with one or more re	following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<b>1</b> a	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				2	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				79	M
				0	M
f Sale of assets to related organization(s)				#	X
g Purchase of assets from related organization(s)				19	×
h Exchange of assets with related organization(s)				, <del>-</del>	M
related organization(s)				F	×
j Lease of facilities, equipment, or other assets from related organization(s)					<b>×</b>
k Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			¥	×
1 Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			F	M
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę	M
n Sharing of paid employees with related organization(s)				11	×
n Reimbursement paid to related organization(s) for expenses				Ç	
				무	M
n Other transfer of cash or property to related organization(s)				Ď	<b>M</b>
Other transfer of cash or property from related organization(s)				1	×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	iis line, including covered	s 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	(d) Method of deternining arnount involved		
(1) COLLEGE OF THE SISKIYOUS	Д	73,105.	ACTUAL PAYMENT		
(2) COLLEGE OF THE SISKIYOUS	ט	.000,08	ACTUAL PAYMENT		
(3) COLLEGE OF THE SISKIYOUS	N	.850,68	ALLOCATION		
(4)					
(5)					
1,51					
132163 01-23-12			Schedule	Schedule R (Form 990) 2011	990) 20-

Page 4

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 assets or gro

(4) Name, address, and EIN of entity	147	127			!					
name, address, and Ein of entity	(g)	(o)	e) (g)		<del>-</del>		Ξ	€	5	<b>3</b>
	Primary activity	Legal domicile (state or foreion	(related, unrelated, 501(s)(3)		Share of	Share of	Dispropor- florate	Code V-UBI amount in box 20	General or managing	Percentage
		country)	excluded from tax ores.? under section 512-514) Yes No		income		allocations?	(Form 1065) Var NO	yer No	diusieuwo
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Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	COLLEGE	OF	THE	SISKIYOUS	FOUNDATION	94-3146801	Page 5
Part VII	(Form 990) 2011 Supplemental Inf	ormation						
	Complete this part to p	rovide additional in	format	ion for r	esponses to questic	ons on Schedule R (see i	nstructions).	
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Form **8868** (Rev. January 2012)

(Hev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

			***************************************				
	are filing for an Automatic 3-Month Extension, comple					X	
	are filing for an Additional (Not Automatic) 3-Month Ex	•	, , , , ,	,			
	omplete Part II unless you have already been granted					oration	
	ic filing _(e-file) . You can electronically file Form 8868 if <u>y</u> to file Form 990-T), or an additional (not automatic) 3-mo						
	o file any of the forms listed in Part I or Part II with the ex				•		
	Benefit Contracts, which must be sent to the IRS in page	•					
	uirs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details	on the elec	stronic ming or this	iorn,	
Part I	· · · · · · · · · · · · · · · · · · ·		submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor						
Part I only	у					- []	
All other o	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	ision of time		
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	ridentification num	ber (EIN) or	
File by the	COLLEGE OF THE SISKIYOUS FO	'AGNUC	rion	X	94-314680	01	
due date for filing your	te for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
return, See instructions,	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.		tanan and and a thirt and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second		
	WEED, CA 96094						
Enterthe	Datura goda for the veture that this application is for (61)					0 1	
citter the	Return code for the return that this application is for (file	e a separa	te application for each return)			[0] 1	
Application	on	Return	Application			Return	
ls For		Code	ls For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-	·BL	02	Form 1041-A			08	
Form 990-	-EZ	01	Form 4720			09	
Form 990-	-PF	04	Form 5227			10	
Form 990-	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	·T (trust other than above)	06	Form 8870			12	
• The be	KENT GROSS - CO oks are in the care of ▶ 800 COLLEGE AVI						
	one No. $\triangleright$ (530) 938-5529	711017	FAX No. ►				
•	rganization does not have an office or place of business	in the Ur					
	s for a Group Return, enter the organization's four digit (					check this	
box ▶ [	. If it is for part of the group, check this box						
1 lrec	quest an automatic 3-month (6 months for a corporation	required	to file Form 990·T) extension of time	until		3.101.	
	FEBRUARY 15, 2013 , to file the exemptor the organization's return for:	t organiza	tion return for the organization name	ed above.	The extension		
<b>▶</b> [	calendar year or						
<b>▶</b> □	X tax year beginning JUL 1, 2011	, an	d ending JUN 30, 2012		_ ·		
2 If the	e tax year entered in line 1 is for less than 12 months, cl	hook rope	on: Initial return	Final retur	70		
2 11 416	Change in accounting period	HECK TEAS	on. — minarretom —	rinarretui	11		
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax less any	<u> </u>			
	refundable credits. See instructions.	, 0000, G	mo, are terrative tax, 1635 any	За	\$	0.	
*******	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and				
	nated tax payments made. Include any prior year overp	-		Зb	\$	0.	
<del></del>	ance due. Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System).	-	•	3c	\$	0.	
Caution. I	f you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payment ins	tructions.	

Part II Additional (Not Automatic) 3-M	onth Extensio	n of Time. Only file the origina	ıl (no c	opies ne	eded).	
		Enter filer's i	dentifyir	ıg numbei	, see instructions	
Type or Name of exempt organization or other filer, se	ee instructions	E	Employe	ridentificat	tion number (EIN)	
print GOLLEGE OF MIXE GEORGE	[37]	043	146001			
File by the COLLEGE OF THE SISKIYOU	X 94-3146801					
filling your return. See 800 COLLEGE AVENUE	). box, see instruc	x, see instructions.		Social security number (SSN)		
Instructions. City, town or post office, state, and ZIP code WEED, CA 96094	. For a foreign ad	dress, see instructions.				
Enter the Return code for the return that this application	is for (file a separa	ate application for each return)			0 1	
Application		urn Application		Re		
ls For		ls For				
Form 990						
Form 990-BL		Form 1041-A			08	
Form 990-EZ		Form 4720			09	
Form 990-PF		Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
<ul> <li>KENT GROSS</li> <li>The books are in the care of ► 800 COLLEGI</li> <li>Telephone No. ► (530) 938-5529</li> </ul>	- CONTRO E AVENUE	LLER - WEED, CA 96094 FAX No. ►				
**KENT GROSS  The books are in the care of ▶ 800 COLLEGI Telephone No. ▶ (530) 938-5529  If the organization does not have an office or place of lifthis is for a Group Return, enter the organization's focox ▶ If it is for part of the group, check this box  1 request an additional 3-month extension of time upon the tax year entered in line 5 is for less than 12 mmonth in accounting period  The tax year entered in line 5 is for less than 12 mmonth in accounting period  State in detail why you need the extension ALL OF THE INFORMATION NECO	Dusiness in the Upour digit Group Ex and attentil MAY JUL 1 onths, check rease	LLER  - WEED, CA 96094  FAX No.   inited States, check this box	this is fo	r the whole ers the ex 30, eturn	e group, check this	
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