Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	For th	e 2015 calendar year, or tax year beginning $ { m JUL}1,2015$ and 0	ending J	UN 30, 2016						
B	Check if applicab	e: C Name of organization		D Employer identific	ation number					
	Addre	SIERRA NEVADA ALLIANCE								
	Name	Doing business as	77-03	7-0343881						
	Initial return	5	E Telephone number							
	Final	P.O. BOX 7989	(530)) 542-4546						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	849,885.						
	Amen	ded SOUTH LAKE TAHOE, CA 96158		H(a) Is this a group ret	turn					
	Applie tion	F Name and address of principal officer: JENNY HATCH		for subordinates?	Yes X No					
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No					
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	lf "No," attach a l	ist. (see instructions)					
-		te: WWW.SIERRANEVADAALLIANCE.ORG		H(c) Group exemption	-					
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1993 M	State of legal domicile: CA					
Pa	art I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities: \underline{TOPI}	ROTECT	AND RESTORE	E THE					
anc		ENVIRONMENT OF THE SIERRA NEVADA FOR FUTU								
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as						
Š	3				11					
8	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$		11 0						
Activities &	5		tal number of individuals employed in calendar year 2015 (Part V, line 2a)							
ivit	6	Total number of volunteers (estimate if necessary)			0					
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.					
				Prior Year	Current Year					
an	8	Contributions and grants (Part VIII, line 1h)	······	903,275.	839,176.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0. 28.					
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 903,497.	10,681. 849,885.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		903,497.	049,885.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		742,009.	670,571.					
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		0.	070,371.					
Jen		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	18	0.	0.					
Ä		5 1 () () 1		377,614.	157,475.					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,119,623.	828,046.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-216,126.	21,839.					
3S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		231,884.	252,150.					
Assu Bal	20			4,815.	3,519.					
Net, und	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		227,069.	248,631.					
	art II			22,,000.	210,001.					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JENNY HATCH, EXECUTIVE Type or print name and title	E DIRECTOR	Da	ate							
Paid	Print/Type preparer's name ZETH M. MACY	Preparer's signature ZETH M. MACY	Date	Check PTIN if self-employed P00922103							
Preparer	Firm's name SCHETTLER MACY &		Fi	rm's EIN 47-2177559							
Use Only	Firm's address 110 COUNTRY EST	ATES CIRCLE, SUITE 2									
	RENO, NV 89511	Pf	none no. (775) 624-9108								
May the IRS discuss this return with the preparer shown above? (see instructions)											
532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- orm	990 (2015) SIERRA NEVADA ALLIANCE 77-0343881 Page
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROTECT AND RESTORE SIERRA LANDS, WATER, WILDLIFE AND RURAL
	COMMUNITIES. TO ENGAGE AND SUPPORT EFFORTS TO ADOPT EXEMPLARY LOCAL
	SUSTAINABLE COMMUNITY ACTIONS ACCROSS THE SIERRA NEVADA THAT BALANCE
	SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUES.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 773,128 · including grants of \$) (Revenue \$ 28
	TO PROTECT AND RESTORE SIERRA LANDS, WATER, WILDLIFE AND RURAL
	COMMUNITIES. TO ENGAGE AND SUPPORT EFFORTS TO ADOPT EXEMPLARY LOCAL
	SUSTAINABLE COMMUNITY ACTIONS ACCROSS THE SIERRA NEVADA THAT BALANCE
	SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUES. PROVIDING A HIGH QUALITY OF
	LIFE FOR RESIDENTS AND VISITORS WHILE PROTECTING AND STEWARDING
	WILDLANDS AND NATURAL RESOURCES FOR FUTURE GENERATIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 773,128.
<u>4e</u>	Total program service expenses ► 773,128.
532002 12-16-	2
12-10-	2
71	010 148136 16033.0 2015.03040 SIERRA NEVADA ALLIANCE 16033_(

Form 990 (2015)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13				X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		- 22
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 other assistance to or for any	140		<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		L	
	complete Schedule G, Part III	19		x

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Form 990 (2015)

SIERRA NEVADA ALLIANCE

Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23		X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No", go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
_	any tax-exempt bonds?	24c				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	054		x		
06	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b				
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"					
		26		x		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20				
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member					
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,					
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations?					
	If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
b	If "Yes" to line 35a, 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				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v		
07	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	ļ			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х			
		00		<u> </u>		

Form **990** (2015)

532004 12-16-15

Form	990 (2015) SIERRA NEVADA ALLIANCE 77-0343	881	Р	age 5							
-	t V Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 64										
с	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,										
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country:										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	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		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L							
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	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										
	Enter the amount of reserves on hand 13c			17							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		(00:17)							
		Form	1990	(2015)							

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Form 990	(2015)
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SIERRA NEVADA ALLIANCE

X

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 or note to any line in this Part VI					Х						
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	11									
	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	11									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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 th	e dire	ct supervision			x						
	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5												
6	6 Did the organization have members or stockholders?											
7a	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, s	tockh	olders, or									
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37							
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 rea											
	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 Re	evenu	e Code.)									
					Yes	No X						
	Did the organization have local chapters, branches, or affiliates?			10a		_ <u>^</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			401								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X							
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	bre filing the form?	11a								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	x							
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			100	x							
10	in Schedule O how this was done			12c 13	X							
13 14	Did the organization have a written whistleblower policy?			14	X							
14 15	Did the organization have a written document retention and destruction policy?			14								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		luependent									
2	The organization's CEO, Executive Director, or top management official			15a	x							
a h	Other officers or key employees of the organization			15a	X							
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nentv	with a									
···u	taxable entity during the year?			16a		x						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ											
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure			100								
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	CSect	tion 501(c)(3)s only);	availat	ole							
	for public inspection. Indicate how you made these available. Check all that apply.	(000)										
	X Own website Another's website X Upon request Other (explain	in Sc.	hedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial							
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:									
-	CAMI CHAVEZ - (530) 913-2723		·									
	10183 TRUCKEE AIRPORT ROAD, TRUCKEE, CA 96161											
53200	12-16-15			Form	1 990	(2015)						
	6					. ,						
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employe	es, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DOUG CARSTENS	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) NICOLE CARTWRIGHT	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) RICHARD TAYLOR	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) BOB BARRETT	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) JOHN FRIEDRICH	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROBERT DEAN	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) STEVE HAZE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SUSAN GEARHART	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) STEPHEN SMALLCOMBE	1.00									_
DIRECTOR		х						0.	0.	0.
(10) SARA HEDGPETH-HARRIS	1.00									
DIRECTOR		x						0.	0.	0.
(11) SCOTT KRUSE	1.00									•
DIRECTOR	10.00	X						0.	0.	0.
(12) PETER VAN ZANT	40.00							06.040	0	0
FMR. EXECUTIVE DIRECTOR				X				26,942.	0.	0.
(13) JENNY HATCH	0.00							0	0	0
EXECUTIVE DIRECTOR				X				0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any	box, L office	(C) Positior (do not check more box, unless person officer and a direct			oth an	from the	(E) Reportable compensation from related organizations		Esti amo o comp		of tion
	related	id ual truste pelom moled					organization (W-2/1099-MISC)	(W-2/1099-MIS(orga	m the nizatio relate iizatio	on ed
									_			
1b Sub-total c Total from continuation sheets t							26,942.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (includ) 							26,942. eceived more than \$100		0.			0.
compensation from the organization	•				,			, i			/es	0 No
3 Did the organization list any forme line 1a? <i>If</i> "Yes," complete Schedu				•	•		highest compensated e			3		x
 For any individual listed on line 1a, and related organizations greater t 	, is the sum of reportab	le cor	mpe	nsati	on ar	id ot	her compensation from	the organization		4		x
 5 Did any person listed on line 1a re- rendered to the organization? If "Y 	ceive or accrue compe	nsatio	on fre	om a	ny ur	relat	ted organization or indiv	idual for services		5		x
Section B. Independent Contractors												
1 Complete this table for your five hi the organization. Report compensation	ation for the calendar y						n the organization's tax		ensat			
Name and I	(A) business address	NO	NE				(B) Description of s	services	Cor	(C) mpens		1
2 Total number of independent cont	ractors (including but a	ot lim	nitod	to +		ietor	t above) who received a	pore than				
\$100,000 of compensation from th	· •		meu		0	Jorec			E.	orm 9	90.0	2015)
532008 12-16-15									ΓL	JIII J	20 (2	515)

Form	990	(==:=)		ALLIANC	Ξ		77-0343	881 Page 9
Pa	rt VII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	/ D)		
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (Am	с	Fundraising events	1c					
Gifi Iar	d	Related organizations	1d					
ns, imi	е	Government grants (contribut	ions) 1e	694,545.				
er S	f	All other contributions, gifts, gran	ts, and					
j t j		similar amounts not included abo	ve 1f	144,631.				
ut o		Noncash contributions included in lines		62,234.	000 186			
σŭ	h	Total. Add lines 1a-1f			839,176.			
				Business Code				
Program Service Revenue	2 a							
	b							
/en	С							
Be	d							
2ro	e							
-		1 5						
	<u> </u>	Total. Add lines 2a-2f						
	3	other similar amounts)			28.	28.		
	4	Income from investment of tax			201	201		
	5	Royalties	• •	· · · · ·				
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		····· >				
Other Revenue	8 a	Gross income from fundraising including \$						
seve		contributions reported on line	1c). See					
erF		Part IV, line 18	а					
Ģ		Less: direct expenses		0.				
J		Net income or (loss) from func		····· ►	10,681.			10,681.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from sale						
	11 a	Miscellaneous Revenu	C	Business Code				
	n a b							
	u c							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			849,885.	28.	0.	10,681.
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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).

D 2	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	26,942.	18,033.	7,158.	1,751.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	550,032.	514,182.	33,564.	2,286.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40.000	20 100		4 = 2
9	Other employee benefits	40,686.	38,198.	2,329.	159.
10	Payroll taxes	52,911.	49,668.	3,021.	222.
11	Fees for services (non-employees):				
	Management				
		1 004	1 004		
	Accounting	1,284.	1,284.		
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		21 005	20 204	1 4 2 1	
	column (A) amount, list line 11g expenses on Sch 0.)	21,805.	20,384.	1,421.	
12	Advertising and promotion	10 054	17,319.	1,735.	
13	Office expenses	19,054.	17,319.	1,755.	
14	Information technology				
15	Royalties	1,957.	1,767.	190.	
16		15,875.	15,389.	486.	
17	Travel	13,075.	13,309.	400.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23					
23 24	Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.)	57,753.	57,753.		
a b	SUPPLIES	16,321.	16,321.		
u o	MISCELLANEOUS	11,857.	11,261.	596.	
ر ار	CONFERENCES AND TRAININ	11,569.	11,569.		
d		····	, 50, 5		
е 25	All other expenses	828,046.	773,128.	50,500.	4,418.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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SIERRA NEVADA ALLIANCE

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

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			50,392.	1	115,134.
2	Savings and temporary cash investments			98,282.	2	43,227.
3	Pledges and grants receivable, net				3	, ,
4	Accounts receivable, net	79,113.	4	86,080.		
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensation		, , ,			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
	employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			4,097.	9	7,709.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		<u> </u>			
b	Less: accumulated depreciation			0.	10c	0.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			001 004	15	
16	Total assets. Add lines 1 through 15 (must equ			231,884.	16	252,150.
17	Accounts payable and accrued expenses			4,815.	17	3,519.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee				00	
00	Complete Part II of Schedule L				22	
23 24	Secured mortgages and notes payable to unrela		F		23 24	
24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa		F		24	
25	parties, and other liabilities not included on lines					
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			4,815.	26	3,519.
	Organizations that follow SFAS 117 (ASC 958			•		
	complete lines 27 through 29, and lines 33 ar		-			
27	Unrestricted net assets			157,744.	27	153,193.
28	Temporarily restricted net assets			69,325.	28	95,438.
29	–				29	
	Organizations that do not follow SFAS 117 (A					
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	ncome, c	or other funds		32	
33	Total net assets or fund balances			227,069.	33	248,631.
34	Total liabilities and net assets/fund balances			231,884.	34	252,150.

Form 990 (2015)

Form 990 (2015)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

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Form	990 (2015) SIERRA NEVADA ALLIANCE	77-034	3881	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			85.
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	221	/,0	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-2	77.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	249	2 6	31.
Da	column (B)) rt XII Financial Statements and Reporting	10	240	,0	<u>. 1 -</u>
Iu					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ĺ

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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(Form	990	or	990-	EZ
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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.

	Open to Public
-000	Inspection

OMB No. 1545-0047

2015

Department of the Treasury In

Interna	nternal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.											
Nam	e of t	the organizati								identification number		
				RA NEVADA						7-0343881		
Pa	rt I	Reason	for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The o	organ	nization is not a	a private found	lation because it is: (For lines 1 through 11, o	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, sta	ate, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organizati	ion that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community	rtrust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An organizati	ion that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipts from		
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its support	from gross investment		
					(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
				mplete Part III.)								
10		-	-	-	ively to test for public sa	•						
11		-	-	-	ively for the benefit of, to	-			•			
				-	ed in section 509(a)(1) o					neck the box in		
_		7	-	• •	of supporting organizatio		-		-			
а				-	upervised, or controlled	•						
			-		gularly appoint or elect a	a majority (or the dire	clors or truste	es or the s	upporting		
h		7 7		complete Part IV, Se	l or controlled in connec	tion with it	to ourport	od organizati	n(a) by ba	vina		
b	L			-	anization vested in the s			•		-		
			•	t complete Part IV,		ame perso			age the sup	ported		
<u>د</u>		7 7			g organization operated	in connec	tion with	and functions	llv integrate	ad with		
U			-		b). You must complete I				iny integrate	sa with,		
d			-		orting organization oper				rted organi	zation(s)		
			-		zation generally must sat				-			
			-		nplete Part IV, Sections	•		-				
е		- ·		,	written determination fro				II. Type III			
			-		nally integrated support			JI , JI	, ,,			
f	Ente	er the number	u		, , , , , , , , , , , , , , , , , , , ,	0 0						
g	Prov	vide the follow	ing information	n about the supporte	ed organization(s).							
	((i) Name of supp		(ii) EIN		(iv) Is the o	rganization in your	(v) Amount o	,	(vi) Amount of		
		organizatior	ו		(described on lines 1-9 above (see instructions))	governing		support		other support (see		
						Yes	No	instruct	ions)	instructions)		

Form 990 or 990-EZ. 532021 09-23-15 09171010 148136 16033.0

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

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Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE Part II Support Schedule for Organizations Described in Sect

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tII	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.)

Calendar year (or fixed year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Giffs, grants, contributions, and any unsuad grants, ") 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 3 The value of services or facilities 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 4 Tata. recenues levied for the organization without charge 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 5 The portion of total contributions by seah person (other than a governmental unit or publicly supported organization in though and the coeside 2% of the amount shown on line 11, column (f) 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 5 Section B. Total Support 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 6 Orbitic support. Savet the strue test was a section 501 (c) for total support 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 6 Orbitic support. Savet the strue test was a section 501 (c) for total support 1377014. 1335550. 1356218.	Sec	ction A. Public Support						
membership fees received. (bo net include any 'unusual prints.'). 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalt 1 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 3 The value of services or facilities tunnished by agovernmental unit to the organization without charge 1 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 5 The portion of bala contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thaceded 2% of the amount shown on line 11. 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 6 Public support. Subretime to time 4. 1377014. 1335550. 1356218. 939, 283. 835, 503. 5843568. 6 Oross income from interest, and income from	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Include any "unusual grants " 1377014. 1335550. 1356218. 939,283. 835,503. 5843568. 2 Tax revenues levied or its behalf 3 3 5 1377014. 1335550. 1356218. 939,283. 835,503. 5843568. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 1377014. 1335550. 1356218. 939,283. 835,503. 5843568. 4 Total. Add lines 1 through 3 1377014. 1335550. 1356218. 939,283. 835,503. 5843568. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization inolude on ine 11. 1377014. 1335550. 1356218. 939,283. 835,503. 5843568. Called regress of the again to the same test of the same test of the same of the same test	1	Gifts, grants, contributions, and						
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Schedule A (Form 990 or 990-EZ) 2015	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

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.)

1	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	2015	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	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							
	the organization without charge							
	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and					1		
	3 received from disgualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
~	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(0) (2015	(f) Total
	Amounts from line 6	(4) 2011	(6) 2012	(0) 2010	(0) 2014		2010	
	Gross income from interest,							
IUa	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	assets (Explain in Part VI.)	the organization	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	 n 501(c)(3) organiz	L
	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	-		rd, fourth, or fifth ta	-			zation, ▶□
14	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	-			-			zation, ▶□
14 Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public	c Support Pe	ercentage		-			▶ _
14 Sec 15	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (line)	c Support Pe ne 8, column (f) c	Frcentage livided by line 13,	column (f))				>
14 Sec 15 16	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014	c Support Pe ne 8, column (f) c Schedule A, Par	ercentage livided by line 13, t III, line 15	column (f))		15		
14 Sec 15 16 Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Inves	c Support Pe ne 8, column (f) c Schedule A, Par tment Incom	ercentage livided by line 13, t III, line 15 ne Percentage	column (f))		15 16		
14 Sec 15 16 Sec 17	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Investing Investment income percentage for 20	c Support Pe ne 8, column (f) c Schedule A, Par tment Incom I5 (line 10c, colu	divided by line 13, t III, line 15 De Percentage mn (f) divided by li	column (f))		15 16 17		
14 15 16 6 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Investing Investment income percentage from 2017 Investment Investment I	c Support Pe ne 8, column (f) c Schedule A, Par tment Incom 15 (line 10c, colu 014 Schedule A,	ercentage livided by line 13, t III, line 15 ne Percentage mn (f) divided by li Part III, line 17	column (f)) 9 ne 13, column (f))		15 16 17 18		
14 15 16 6 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the	c Support Pe ne 8, column (f) o Schedule A, Par tment Incom 15 (line 10c, colu 014 Schedule A, organization did	ercentage livided by line 13, t III, line 15 De Percentage mn (f) divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than (15 16 17 18 33 1/3%,	and line 1	17 is not
14 5ec 15 16 5ec 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Investing Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2015. If the of more than 33 1/3%, check this box an	c Support Pe ne 8, column (f) o Schedule A, Par tment Incom 15 (line 10c, colu 014 Schedule A, organization did d stop here. The	ercentage livided by line 13, t III, line 15 The Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly s	e 15 is more than 3 supported organiz	15 16 17 18 33 1/3%, ation	and line 1	17 is not
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14 5ec 15 16 5ec 17 18 19a b	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Invest Investment income percentage from 20 33 1/3% support tests - 2015. If the of more than 33 1/3%, check this box an 33 1/3% support tests - 2014. If the of line 18 is not more than 33 1/3%, check	c Support Pe ne 8, column (f) o Schedule A, Par tment Incom I5 (line 10c, colu 014 Schedule A, organization did d stop here. The organization did ck this box and s	ercentage divided by line 13, t III, line 15 De Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box o stop here. The org	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp	15 16 17 18 33 1/3%, ation ore than 3 orted org	and line 1 33 1/3%, a janization	
14 15 16 Sec 17 18 19a b 20	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here tion C. Computation of Public Public support percentage for 2015 (lin Public support percentage from 2014 tion D. Computation of Invest Investment income percentage from 20 Investment income percentage from 20 33 1/3% support tests - 2015. If the of more than 33 1/3%, check this box an 33 1/3% support tests - 2014. If the of 33 1/3% support tests - 2014. If the of 34 1/3% support tests - 2014. If the of 35 1/3% support tests - 2014. If the of 36 1/3% support tests - 2014. If the of 37 1/3% support tests - 2014. If the of 38 1/3% support tests - 2014. If the of 39 1/3% support tests - 2014. If the of 30 1/3% support test - 2014. If the of 30 1/3% support	c Support Pe ne 8, column (f) o Schedule A, Par tment Incom I5 (line 10c, colu 014 Schedule A, organization did d stop here. The organization did ck this box and s	ercentage divided by line 13, t III, line 15 De Percentage mn (f) divided by li Part III, line 17 not check the box e organization qua not check a box o stop here. The org	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly n line 14 or line 19a anization qualifies	e 15 is more than 3 supported organiz a, and line 16 is mo as a publicly supp nis box and see in	1516171833 1/3%,ationorted orgstructions	and line 1 33 1/3%, a janization s	17 is not and ►

Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE Part IV Supporting Organizations (continued)

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b				
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	นอเมอกร		N1.2
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ	2015

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Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 SIERRA NEVADA ALLIANCE

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
5000			FTE-2015	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
0	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
a				
 b				
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A	(Form 990 or 990-EZ) 2015 SIER	RA NEVADA ALL	IANCE	77-03	43881 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	Provide the explanations 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3; Part IV, Section E, line	required by Part II, line 10; P 11a, 11b, and 11c; Part IV, S s 1c, 2a, 2b, 3a and 3b; Part	art II, line 17a or 17b; Part I Section B, lines 1 and 2; Par V, line 1; Part V, Section B,	II, line 12; t IV, Section C, line 1e; Part V,
532028 09-23-			20	Schedule A (Form 9	990 or 990-EZ) 2015
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

77-0343881

Name of the	organization	

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

SIERRA NEVADA ALLIANCE

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of	of oraa	anization
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77-0343881

SIERRA NEVADA ALLIANCE

	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionad additional additionadditad addition	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
1	THE JOSEPH & VERA LONG FOUNDATION 500 YGNACIO VALLEY ROAD WALNUT CREEK, CA 94596	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributio
2	ARNTZ FOUNDATION PO BOX 66488 SCOTTS VALLEY, CA 95067	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll On Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
		\$	Person Payroll Noncash (Complete Part II for

77-0343881

SIERRA NEVADA ALLIANCE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. irom 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (

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2015.03040 SIERRA NEVADA ALLIANCE

16033_01

	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	columns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000	wing line entry. F	or organizations
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 g		ship 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, a	(e) Transfer of g		ship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	-	
	Transferee's name, address, a		Relations	ship of transferor to transferee
a) No. from Part I 	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	 ft	
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee

					OMB No. 1545-0047
		Supplementa	al Financial Statements		2015
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at www.irs.gov/	form990	Open to Public Inspection
-	e of the organizat			1	r identification number
		SIERRA NEVADA ALLI	ANCE		7-0343881
Pa	rt I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	•		writing that the assets held in donor advised fur		
-			exclusive legal control?		Yes No
6	•	e	advisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose confe	5	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV		. Yes No
1		servation easements held by the organizat	• · ·	, 1110 7.	
•		n of land for public use (e.g., recreation or e		v important l	and area
		of natural habitat	Preservation of a certified h		
		n of open space			
2		• •	fied conservation contribution in the form of a c	onservation	easement on the last
	day of the tax yea	• •			at the End of the Tax Year
а				2a	
b				2b	
с			ructure included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization durir	ng the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located		
5	•	tion have a written policy regarding the pe			
			it holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easemen	its during the year
_	►				
7	. .	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements du	iring the year
-	►\$				
8			ve satisfy the requirements of section 170(h)(4)(l		
•			· · · · · · · · · · · · · · · · · · ·		
9		•	ion easements in its revenue and expense state		
			tion's financial statements that describes the or	ganization's	accounting for
Pa	conservation ease		f Art, Historical Treasures, or Other	Similar A	ssets
		f the organization answered "Yes" on Form			
19			SC 958), not to report in its revenue statement a	nd balance	sheet works of art
14	•		hibition, education, or research in furtherance of		
		,	, ,		, ,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, prov
the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015
53205 ⁻ 11-02-		

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2015.03040 SIERRA NEVADA ALLIANCE

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Sche	dule D (Form 990) 2015 SIERRA	NEVADA ALL	IANC	E			7	7-03	4388	1 _{Pa}	age 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)											
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d			hange progr						
b Scholarly research e Other											
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 											
4								se in Par	t XIII.		
5											
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Fai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	included				
Ia	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII							······ —			1110
~			lietting t						Amoun	ŀ	
с	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanatio	n has been	provided on	Part XII	I]
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo							
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cur		l ne (line 1)	a column (s)) held as:						
	Board designated or quasi-endowment	•	%	g, column (e	<i>())</i> 11010 203.						
	Permanent endowment	%									
	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	it are held a	nd administe	ered for t	he organiza	ation			
	by:								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulated preciation	4	(d) Boo	k value	3
	Land										
	Buildings										
	Leasehold improvements			<u> </u>			20 00				
	Equipment				0,005.		30,00				0.
	Other		<u>у</u> ,		9,198.		9,19	0.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	х, colun	nn (B), line 1	UC.)						0.

Schedule D (Form 990) 2015

532052 09-21-15

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related		

'y

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	►
0 1 .		· · · · · · · · · · · · · · · · · · ·

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053 09-21-15

Sche	edule D (Form 990) 2015 SIERRA NEVADA ALLIANCE		77-03	43881 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Rever		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	849,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
с				
d				
е		-	2e	0.
3	Subtract line 2e from line 1			849,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			849,885.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	enses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements			828,046.
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	-		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	828,046.
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 XIII.)	4b		
с			4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		828,046.
Pa	rt XIII Supplemental Information.			
D	ide the descriptions are included for Dest U. Brass O. F. and O. Dest U. Brass description	Devel N/ Bases the secol Obs		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

15

Name of the organization

Employer identification number 77 - 0343881

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SIERRA	NEVADA	ALLIANCE
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Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (<u>SERVICES & MA</u>)	X	40	62,234.	BOOK VALUE			
26	Other ()							
27	Other ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
	exempt purposes for the entire holding period?	• • • • • • • • • • • • • • • • • • • •				30a		X
	If "Yes," describe the arrangement in Part II.							v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of		-					х
	contributions?					32a		<u>л</u>
	If "Yes," describe in Part II.	oolume (a) f	ior o tupo of our -	the for which only man (a) !	aalvad			
33	If the organization did not report an amount in describe in Part II.	column (C) 1	or a type of prope	rty for which column (a) IS ch	eureu,			

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

Schedule M (Form 990) (2015)

532141 08-21-15

09

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

532142 08-21-15					Schedule M (Form 990) (20 ⁻
171010 148136 16033.0	2015.03040	30 SIERRA	NEVADA	ALLIANC	E 16033_0

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.



Employer identification number 77 - 0343881

SIERRA NEVADA ALLIANCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENSURING HEALTHY AND SUSTAINABLE COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11:

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW THE TAX RETURN PRIOR

TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS SELF-ENFORCES THEIR CONFLICT OF INTEREST POLICY AND

THE EXECUTIVE DIRECTOR ENFORCES THE POLICY WITH ALL EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR. IF MERITED, THE BOARD MAY RAISE THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON A SALARY SURVEY OF CALIFORNIA NON-PROFITS.

FORM 990, PART VI, SECTION C, LINE 18:

TAX RETURN IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND/OR BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT PRINCIPAL PLACE

OF BUSINESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 9 532211 09-02-15

31 2015.03040 SIERRA NEVADA ALLIANCE **Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

	201	5 Annual Information Return			199
Са	ılendar Yeaı	2015 or fiscal year beginning (mm/dd/yyyy) $07/01/2015$, and ending (mm/d	dd/yyyy)	0 (5/30/2016 .
С	orporation/O	ganization name	California co	rporation	number
a	גתתחא		100	000.	2
		NEVADA ALLIANCE mation. See instructions.	FEIN	0003	3
^				034	3881
s	treet address	(suite or room)	PMB n		
Ρ	.о. в	X 7989			
С	ity	State	ZIP co	de	
S	OUTH	LAKE TAHOE CA	A 961	58	
F	oreign countr	name Foreign province/state/county	Foreigr	n postal c	code
-	Elect Date		- 00704-1		·····
A B	FIRST Rett	rn Yes X No J If exempt under R&TC Section Return Yes X No engaged in political activities?			
C	IBC Secti	on 4947(a)(1) trust Yes X No K Is the organization exempt un			
D		mation Return?			
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If Organization is exempt under	er R&TC Sect	tion 237	'01d
		(mm/dd/yyyy) • and meets the filing fee excep	tion, check b	ox. No f	filing
Е	Check ac	counting method: (1) Cash (2) X Accrual (3) Other fee is required.			
F		turn filed? (1) • 990T (2) • 990-PF (3) • Sch H (990) M Is the organization a Limited L			
G		Other 990 series N Did the organization file Form roup filing? See instructions Yes X No	100 of Form	109 10	• Yes X No
н	Is this or	janization in a group exemption Yes X No 0 Is the organization under audi	t by the IRS	or has t	he
		hat is the parent's name? IRS audited in a prior year?			
		P Is a federal Form 1023/1024 p			
Т		ganization have any changes to its guidelines Date filed with IRS			
_	not repor	ed to the FTB? See instructions Ves X No			
-	Partl	omplete Part I unless not required to file this form. See General Instructions B and C.			10,709.00
		 Gross sales or receipts from other sources. From Side 2, Part II, line 8 Gross dues and assessments from members and affiliates 	•		10,705.00
		3 Gross contributions, gifts, grants, and similar amounts received S7	CMT 1.		839,176.00
	Receipts	3 Gross contributions, gifts, grants, and similar amounts received S1 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	•	4	849,885.00
	and Revenues	5 Cost of goods sold • 5		0	•
	nevellues		0	0	
		7 Total costs. Add line 5 and line 6			00
		8 Total gross income. Subtract line 7 from line 4		8	849,885.00 828,046.00
I	Expenses	 9 Total expenses and disbursements. From Side 2, Part II, line 18 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 			21,839.00
_		11 Total payments		11	00
		12 Use tax. See General Instruction K		12	00
		13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13	00
I	Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			00
		15 Filing fee \$10 or \$25. See General Instruction F			10.00
		16 Penalties and Interest. See General Instruction J		16	00 10.00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	and to the bes	t of my k	nowledge and belief,
	gn ere		Date	ieuge.	● Telephone
п	516	Signature Structure Struct	- uno		(530) 542-4546
		Date	Check if		● PTIN
		Preparer's ► ZETH M. MACY	self-employed		₽00922103 ● FEIN
	aid .	Firm's name (or yours, SCHETTT, FR MACY & ASSOCTATES			
	reparer's	(or yours, if self- employed) SCHETTLER MACY & ASSOCIATES employed) 110 COUNTRY ESTATES CIRCLE, SUITE 2			47-2177559 ● Telephone
US	se Only	and address RENO, NV 89511			(775) 624-9108
-		May the FTB discuss this return with the preparer shown above? See instructions	•	X _{Yes}	
_					

TAXABLE YEARCalifornia Exempt Organization2015Annual Information Return

3651154

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022

SIERRA NEVADA ALLIANCE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

21,839.

	1	Gross sales or receipts from all	business activities. See instruction	ons	•	1	10,681. ₀₀
		Interest				2	28. 00
	3 Dividends						00
Recei		Gross rents				4	00
from		Gross royalties				5	00
Other	6	Gross amount received from sa	le of assets (See Instructions)		•	6	00
Sourc		Other income	7	00			
	8	Total gross sales or receipts fro	8	10,709. ₀₀			
	g	Contributions, gifts, grants, and	9	00			
	10 Disbursements to or for members11 Compensation of officers, directors, and trustees				•		00
	11	Compensation of officers, direc	11	26,942. ₀₀			
	12	Other salaries and wages	12	550,032. ₀₀			
Expen		Interest	13	00			
and		Taxes				14	52,911. ₀₀
Disbu	rse- 15	Rents	15	1,957. ₀₀			
ments	s 16	Depreciation and depletion (See	16	00			
	17 Other Expenses and Disburseme		enstructions) ents SEE STATEMENT 3			17	196,204. ₀₀
	18	3 Total expenses and disburseme	ents. Add line 9 through line 17. E	Enter here and on Side 1, Pa	art I, line 9	18	828,046. ₀₀
Sche	edule I	Balance Sheets	Beginning of ta	xable year	Endo	of taxabl	le year
Assets	S		(a)	(b)	(C)		(d)
	1 Cash			148,674.		•	158,361.
2 N	et accoun	ts receivable		79,113.		•	86,080.
3 N	et notes r	eceivable				•	
4 In	iventories					•	
		I state government obligations				•	
	6 Investments in other bonds					•	
7 In	7 Investments in stock					•	
8 M	Mortgage loans					•	
	Other investments					٠	
10 a	a Depreciable assets		39,203.		39,203		
		umulated depreciation	(39,203.)		(39,203	•)	
11 La	1 Land					•	
		s STMT 4		4,097.		•	7,709.
13 To	13 Total assets			231,884.		_	252,150.
Liabilities and net worth							
		ayable		4,815.		•	3,519.
		ns, gifts, or grants payable				•	
		notes payable				•	
		payable				•	
	ther liabili						
		ck or principal fund				•	
		pital surplus. Attach reconciliation				•	240 621
		arnings or income fund		227,069.		•	248,631.
		ities and net worth		231,884.			252,150.
Sche	edule I		e per books with income per retu edule if the amount on Schedule I		s than \$50,000.		
1 N	Net income per books • 21,839.			9. 7 Income recorded	on books this year		
			ne tax		not included in this return.)
		apital losses over capital gains		8 Deductions in this			
	Income not recorded on books this year			against book income this year			
		ecorded on books this year not		9 Total. Add line 7			
		this return	•	10 Net income per re		····· ⊢	

6 Total. Add line 1 through line 5

3652154

022

21,839.

Subtract line 9 from line 6

SIERRA NEVADA ALLIANCE			77-0343881	
FORM 199	CASH CONTRIBUTIONS CLUDED ON PART I, LINE 3	SI	'ATEMENT 1	
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
THE JOSEPH & VERA LONG FOUNDATION	500 YGNACIO VALLEY ROAD WALNUT CREEK, CA 94596	04/30/16	25,000.	
ARNTZ FOUNDATION	PO BOX 66488 SCOTTS VALLEY, CA 95067	09/23/15	20,000.	
TOTAL INCLUDED ON LINE 3			45,000.	
FORM 199 COMPENSATION	OF OFFICERS, DIRECTORS AND TRUS	TEES ST	'ATEMENT 2	
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKEI	D/WK C	COMPENSATION	
DOUG CARSTENS P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	PRESIDENT 1.00		0.	
NICOLE CARTWRIGHT P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	VICE PRESIDENT 1.00 58		0.	
RICHARD TAYLOR P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	SECRETARY 1.00		0.	
BOB BARRETT P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	TREASURER 1.00		0.	
JOHN FRIEDRICH P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	DIRECTOR 1.00		0.	
ROBERT DEAN P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	DIRECTOR 1.00		0.	
STEVE HAZE P.O. BOX 7989 SOUTH LAKE TAHOE, CA 961	DIRECTOR 1.00		0.	

SIERRA NEVADA ALLIANCE			77-03438	381
SUSAN GEARHART P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		DIRECTOR 1.00		0.
STEPHEN SMALLCOMBE P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		DIRECTOR 1.00		0.
SARA HEDGPETH-HARRIS P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		DIRECTOR 1.00		0.
SCOTT KRUSE P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		DIRECTOR 1.00	26,94	42.
PETER VAN ZANT P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		FMR. EXECUTIVE DIRECTOR 40.00		0.
JENNY HATCH P.O. BOX 7989 SOUTH LAKE TAHOE, CA 96158		EXECUTIVE DIRECTOR 0.00		0.
TOTAL TO FORM 199, PART II, LINE	5 11		26,94	42.
FORM 199	OTHER	EXPENSES	STATEMENT	3
DESCRIPTION			AMOUNT	
SNAP IN-KIND SUPPLIES MISCELLANEOUS CONFERENCES AND TRAININ OTHER EMPLOYEE BENEFITS ACCOUNTING FEES OTHER PROFESSIONAL FEES			57,75 16,32 11,85 11,56 40,68 1,28 21,80	21. 57. 59. 36. 34.

OTHER PROFESSIONAL FEES OFFICE EXPENSES TRAVEL

TOTAL TO FORM 199, PART II, LINE 17

19,054.

15,875.

196,204.

SIERRA NEVADA ALLIANCE

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FORM 199 OTHER ASSE	TS	STATEMENT	4	
DESCRIPTION	BEG. OF YEAR	END OF YEA	R	
PREPAID EXPENSES AND DEFERRED CHARGES	4,097.	7,70	7,709.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	4,097.	• 7,709		
FORM 199 FUND BALAN	ICES	STATEMENT	5	
FORM 199 FUND BALAN DESCRIPTION	ICES BEG. OF YEAR	STATEMENT END OF YEA		
			R 3.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

Fiscal year - See instructions. Calendar year corporations - File and Pay by March 15, 2016. Calendar year exempt organizations - File and Pay by May 16, 2016

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day. Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted

on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

539035 12-09-15

_ DETACH HERE _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2015 3586 (e-file) 0000000 77-0343881 1880003 15 FORM 3 SIER 07 - 01 - 2015TYB TYE 06 - 30 - 2016SIERRA NEVADA ALLIANCE PO BOX 7989 SOUTH LAKE TAHOE CA 96158 (530) 542-4546 Amount of Payment 10.

022

TAXABLE YEAR 2015	California e-fil Exempt Organ	e Return Autho izations	rization fo	or			FORM 8453-EO
Exempt Organization n	ame					Identifying	g number
SIERRA NI	EVADA ALLIANCE					77-0	343881
	onic Return Information (whole	dollars only)					
1 Total gross	receipts (Form 199, line 4)						849,885.00
•							849,885.00
3 Total expension	ses and disbursements (Form 19	9, line 9)				3_	828,046. ₀₀
Part II Settle	Your Account Electronically for	Taxable Year 2015					
4 Electro	nic funds withdrawal 4a Ar	nount	4b Wit	hdrawal da	te (mm/dd/	/ууу)	
Part III Bankir	g Information (Have you verified	the exempt organization's	banking information	on?)			
5 Routing num	ber		-				
6 Account num	iber		7 Type of ac	count:	Checking	y 🗌	Savings
Part IV Declar	ation of Officer		21		•		U U
I authorize the exen on line 4a.	npt organization's account to be settle	ed as designated in Part II. If I c	neck Part II, Box 4, I	authorize an	electronic fu	nds withc	Irawal for the amount listed
transmitter, or inter California electronic a balance due retur organization will ren statements be trans	berjury, I declare that I am an officer of mediate service provider and the amo c return. To the best of my knowledge n, I understand that if the Franchise T main liable for the fee liability and all a smitted to the FTB by the ERO, transm te the FTB to disclose to the ERO or i	bunts in Part I above agree with and belief, the exempt organiza ax Board (FTB) does not receive pplicable interest and penalties. hitter, or intermediate service pr	the amounts on the tion's return is true, e full and timely pays I authorize the exer povider. If the proces	correspondi , correct, and ment of the e npt organizat sing of the e	ng lines of th I complete. If exempt organ tion return an	e exempt the exem ization's fi d accomp	organization's 2015 pt organization is filing ee liability, the exempt panying schedules and
Sign	nature of officer	Date	EXECUTI	VE DIR	ECTOR		
Here Sigr		Date	Inte				
Part V Declar	ation of Electronic Return Orig	inator (ERO) and Paid Prep	oarer.				
am only an interme accurately reflects t provided the organi 1345, 2015 e-file H the exempt organiz I declare that I have	reviewed the above exempt organiza diate service provider, I understand the data on the return.) I have obtaine zation officer with a copy of all forms andbook for Authorized e-file Provide ation return is filed, whichever is later examined the above exempt organiz omplete. I make this declaration base	hat I am not responsible for revi d the organization officer's sign and information that I will file w rs. I will keep form FTB 8453-EI , and I will make a copy availabl ation's return and accompanyin	ewing the exempt or ature on form FTB 8 rith the FTB, and I ha O on file for four yea e to the FTB upon re g schedules and sta	rganization's 453-EO befo ave followed rs from the c equest. If I an	return. I dec re transmittir all other requ lue date of th n also the pai	are, howe ng this retu irements e return o d prepare	ver, that form FTB 8453 ⁻ EO urn to the FTB; I have described in FTB Pub. r four years from the date r, under penalties of perjury,
ERO's- signature			Date	Check if also paid	Check		ERO'S PTIN
ERO				preparer	emplo		
Must Firm's nam	lov(od)	MACY & ASSOCI				FEIN 4	7-2177559
Sign and addres	RENO, NV	RY ESTATES CIE	RCLE, SUI'	TE 2		ZIP code	89511
	perjury, I declare that I have examined true, correct, and complete. I make th					ts, and to	the best of my knowledge
Paid Paid	barer's		Date	i	Check f self-	Pai	d preparer's PTIN P00922103
· · · · · · · · · · · · · · · · · · ·	ature	ER MACY & ASS		ť	employed		$\frac{100922103}{47-2177559}$
if se	lf amanlay (ad)					FEIN	47-2177559
Sign and	address 110 COU RENO, N	INTRY ESTATES (IV	LIKCLE, S	UITE 2	i	7IP code	89511
	KENO, F	I V					
For Privacy Noti	ce, get FTB 1131 ENG/SP.						FTB 8453-EO 2015

529021 12-03-15

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: CT 92916	Check if:					
	Change of address					
SIERRA NEVADA ALLIANCE	Amended report					
P.O. BOX 7989 Address (Number and Street)	Corporate	or Organization No. <u>1880003</u>				
SOUTH LAKE TAHOE, CA 96158 City or Town, State and ZIP Code	Federal En	nployer I.D. No. 77-0343881				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts						
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	2		
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25		
PART A - ACTIVITIES		I				
For your most recent full accounting period (beginning 07/01/20 Gross annual revenue \$ 849,885. Total assets \$	15_ end	ing 06/30/2016) list: 252,150.				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a s and details for each "yes" response. Please review RRF-1 instructions						
1. During this reporting period, were there any contracts, loans, leases or other	financial trar	sactions between the organization	Yes	No		
and any officer, director or trustee thereof either directly or with an entity in w any financial interest?		~ г		x		
2. During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of th	e organization's charitable property		х		
3. During this reporting period, did non-program expenditures exceed 50% of gr	ross revenue	es?		x		
 During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy. 	nalty, fine or	judgment? If you filed a Form 4720		x		
5. During this reporting period, were the services of a commercial fundraiser or f If "yes," provide an attachment listing the name, address, and telephone num	•			x		
6. During this reporting period, did the organization receive any governmental function name of the agency, mailing address, contact person, and telephone number	•	, provide an attachment listing the SEE STATEMENT 6	x			
 During this reporting period, did the organization hold a raffle for charitable put the number of raffles and the date(s) they occurred. 	urposes? If "	yes," provide an attachment indicating		x		
8. Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a commercial operated by the charity or whether the organization contracts with a commercial operated by the charity of the charity of the charity of the organization contracts with a commercial operated by the charity of the charity of the charity of the organization contracts with a commercial operated by the charity of the charity of the organization contracts with a commercial operated by the charity of the charity of the organization contracts with a commercial operation contracts with a commercial operated by the charity of the organization contracts with a commercial operation contracts with a				х		
9. Did your organization have prepared an audited financial statement in accord principles for this reporting period?	ance with ge	enerally accepted accounting	x			
Organization's area code and telephone number (530) $542-4546$						
Organization's e-mail address INFO@SIERRANEVADAALLIANCE.O	RG					
l declare under penalty of perjury that I have examined this report, including accompanyin correct and complete.	ig documents	s, and to the best of my knowledge and belief, it	is true	e,		
JENNY HATCH EXECUTIVE DIRECTOR						
Signature of authorized officer Printed Name	Tit	le Date				
529291		DI	2E_1/	2-05)		

FORM RRF-1	INFORMATION REGARDING GOVERN	MENT FUNDING	STATEMENT	6
	PART B, LINE 6			

RECEIVES GRANT FUNDING THROUGH CALIFORNIA VOLUNTEERS FOR AMERICORPS PROGRAM.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

AI	For th	e 2015 calendar year, or tax year beginning $ { m JUL}1,2015$ and 0	ending J	UN 30, 2016	
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	SIERRA NEVADA ALLIANCE			
	Name	Doing business as	77-03	343881	
	Initial return	5	Room/suite	E Telephone number	
	Final	P.O. BOX 7989		(530)) 542-4546
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	849,885.
	Amen	ded SOUTH LAKE TAHOE, CA 96158		H(a) Is this a group ret	turn
	Applie tion	F Name and address of principal officer: JENNY HATCH		for subordinates?	Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	lf "No," attach a l	ist. (see instructions)
-		te: WWW.SIERRANEVADAALLIANCE.ORG		H(c) Group exemption	-
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1993 M	State of legal domicile: CA
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: \underline{TOPI}	ROTECT	AND RESTORE	I THE
anc		ENVIRONMENT OF THE SIERRA NEVADA FOR FUTU			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š	3				11
8	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			11
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
ivit	6	Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)	······	903,275.	839,176.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0. 28.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 903,497.	10,681. 849,885.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		903,497.	049,885.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		742,009.	670,571.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		0.	070,371.
Jen		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	18	0.	0.
Ä		5 1 () () 1		377,614.	157,475.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,119,623.	828,046.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-216,126.	21,839.
3S	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		231,884.	252,150.
Assu Bal	20			4,815.	3,519.
Net, und	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		227,069.	248,631.
	art II			22,,000.	210,001.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JENNY HATCH, EXECUTIVE Type or print name and title	E DIRECTOR	Da	ate				
Paid	Print/Type preparer's name ZETH M. MACY	Preparer's signature ZETH M. MACY	Date	Check PTIN if self-employed P00922103				
Preparer	Firm's name SCHETTLER MACY &		Fi	rm's EIN 47-2177559				
Use Only	Firm's address 110 COUNTRY EST	ATES CIRCLE, SUITE 2						
	RENO, NV 89511		Pf	none no. (775) 624-9108				
May the IRS discuss this return with the preparer shown above? (see instructions)								
532001 12-1	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2015) SIERRA NEVADA ALLIANCE	77-0343881 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROTECT AND RESTORE SIERRA LANDS, WATER, W	
	COMMUNITIES. TO ENGAGE AND SUPPORT EFFORTS TO	
	SUSTAINABLE COMMUNITY ACTIONS ACCROSS THE SIE	RRA NEVADA THAT BALANCE
	SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUES.	
2	Did the organization undertake any significant program services during the year which were 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, an If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a revenue, if any, for each program service reported.	· · · · · · · · · · · · · · · · · · ·
4a	(Code:) (Expenses \$ 773 , 128 . including grants of \$) (Revenue \$)
	TO PROTECT AND RESTORE SIERRA LANDS, WATER, W	
	COMMUNITIES. TO ENGAGE AND SUPPORT EFFORTS TO	
	SUSTAINABLE COMMUNITY ACTIONS ACCROSS THE SIE	
	SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUES. PR	
	LIFE FOR RESIDENTS AND VISITORS WHILE PROTECT	
	WILDLANDS AND NATURAL RESOURCES FOR FUTURE GE	NERATIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		,
4		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
		evenue \$)
<u>4e</u>	Total program service expenses > 773,128.	
53200)2	Form 990 (2015)
12-16-		

Form 990 (2015)

SIERRA NEVADA ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	~	
u	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		х

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SIERRA NEVADA ALLIANCE

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
21	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
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			
~	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
• •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	1

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Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 64			
	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,			
	filed for the calendar year ending with or within the year covered by this return 2a			
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 <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	aan	

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Form 990	(2015)
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SIERRA NEVADA ALLIANCE

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 or note to any line 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	1	.1		
	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	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form					Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ear by th	ne following:			
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			. 10 a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
	• • • • • • • • • • • • • • • • • • • •			. 12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			. 12b	~	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			10-	х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			. <u>13</u> 14	X	
14 15	Did the organization have a written document retention and destruction policy?			. 14	Λ	
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
	The organization's CEO, Executive Director, or top management official				X	
b	Other officers or key employees of the organization			. <u>15b</u>	- 23	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			· •		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 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 Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records:			
	CAMI CHAVEZ - (530) 913-2723					
	10183 TRUCKEE AIRPORT ROAD, TRUCKEE, CA 96161				000	(00/
532000	§ 12-16-15			Form	990	(2015)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emp	loyees,	Highest	Compens	ated
	Employees, and Independe	ent Contrac	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an		recto	or/trus	itee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(11 2/1000 11100)		and related
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) DOUG CARSTENS	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) NICOLE CARTWRIGHT	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) RICHARD TAYLOR	1.00									
SECRETARY		X		X				0.	0.	0.
(4) BOB BARRETT	1.00									
TREASURER		X		X				0.	0.	0.
(5) JOHN FRIEDRICH	1.00									
DIRECTOR		X						0.	0.	0.
(6) ROBERT DEAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) STEVE HAZE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SUSAN GEARHART	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STEPHEN SMALLCOMBE	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SARA HEDGPETH-HARRIS	1.00									
DIRECTOR		х						0.	0.	0.
(11) SCOTT KRUSE	1.00									
DIRECTOR		X						0.	0.	0.
(12) PETER VAN ZANT	40.00									_
FMR. EXECUTIVE DIRECTOR				х				26,942.	0.	0.
(13) JENNY HATCH	0.00									_
EXECUTIVE DIRECTOR				х				0.	0.	0.

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Form 990 (2015)

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	990 (2015) SIERRA NI	EVADA AI	Ľ	[A]	ICI	Ξ				77-03	343	881	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any	Positio (do not check mor box, unless persor officer and a direc			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensatio from related	in I	an	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e ion ed
	Sub-total								26,942.		0.			0.
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportabl	е			0
3	Did the organization list any former officer,	director, or tru	ustee	ə, ke	ey er	nplc	oyee	or	highest compensated e	mployee on	[Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			4		x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .	<u></u>				5		X
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business			DNI			01 11		(B) Description of s		С	(C ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i	•	ot li	mite	d to		~	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨					0				_	Form	990 (2	2015)

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Pa	rt V	/	Statement of Reve	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, G			Fundraising events						
ar ,			Related organizations						
s, (Government grants (contribut		694,545.				
n Si			All other contributions, gifts, grar		-				
the			similar amounts not included abo		144,631.				
d Of		a	Noncash contributions included in lines		62,234.				
and		-	Total. Add lines 1a-1f			839,176.			
-					Business Code				
ġ.	2	а							
vio 🖉	_	b							
Sei		c							
e e e		d							
Program Service Revenue		e							
Pre			All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
	-		other similar amounts)			28.	28.		
	4		Income from investment of ta						
	5		Royalties						
	•			(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	u	assets other than inventory						
		h	Less: cost or other basis						
		^D	and sales expenses						
		c	Gain or (loss)						
			Net gain or (loss)						
en			Gross income from fundraisin						
Other Revenue			including \$						
Re			contributions reported on line		10 601				
Jer			Part IV, line 18	a	0.				
Ð			Less: direct expenses		<u> </u>	10 691			10 601
			Net income or (loss) from fund		····· ►	10,681.			10,681.
	9	а	Gross income from gaming a						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		····· •				
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale						
			Miscellaneous Revenu	le	Business Code				
	11								
		b							
		c	<u></u>						
			Total. Add lines 11a-11d			Q10 00E	28.	0	10 601
	12		Total revenue. See instructions.		🕨	849,885.	20.	0.	10,681.
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	26,942.	18,033.	7,158.	1,751.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	550,032.	514,182.	33,564.	2,286.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,686.	38,198.	2,329.	159.
10	Payroll taxes	52,911.	49,668.	3,021.	222.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	1,284.	1,284.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	21,805.	20,384.	1,421.	
12	Advertising and promotion				
13	Office expenses	19,054.	17,319.	1,735.	
14	Information technology				
15	Royalties				
16	Occupancy	1,957.	1,767.	190.	
17	Travel	15,875.	15,389.	486.	
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) amount, list line 24e expenses on Schedule 0.)				
а	SNAP IN-KIND	57,753.	57,753.		
b	SUPPLIES	16,321.	16,321.		
с	MISCELLANEOUS	11,857.	11,261.	596.	
d	CONFERENCES AND TRAININ	11,569.	11,569.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	828,046.	773,128.	50,500.	4,418.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

532010 12-16-15

Form **990** (2015)

SIERRA NEVADA ALLIANCE

77-0343881 Page 11

			Check if Schedule O contains a response or not	e to an	/ line in this Part X			
2 Savings and temporary cash investments 98, 282. 2 43, 227 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 3 3 5 Loans and other receivables from current and former offices, directors, trustees, key employees, and highest companizated employees. Complete Part II of Schedule L 5 5 6 Loans and other receivables from other disqualified persons (as defined under employees thereficially organizations of section 501(x)(9) voluntary employees' beneficianty organizations (see instr). Complete Part II of Sch L 6 7 Notes and bans receivable, net 8 7 9 Prejad expenses and deferred charges 0 7 8 9 Prejad expenses and deferred charges 10 0 10 39, 203. 10 Land, buildings, and equipment: cost or other 10 39, 203. 0 10c 0 11 Investments - other sourtiles. See Part IV, line 11 13 11 11 11 12 Investments - other sourtiles. See Part IV, line 11 13 14 16 252, 1500 13 Investments - other sourtiles. See Part IV, line 11 13 14 16						Beginning of year		End of year
2 Savings and temporary cash investments 98, 282. 2 43, 227 3 Pielges and grants receivable, net 79, 113. 4 86, 080 5 Loans and other receivables from current and former offices, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1), persons described in section 4958(c)(3)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees the efficity organizations (see inst). Complete Part II of Sch L 7 7 Notes and loans receivable, net 6 9 Prepaid expenses and deferred charges 4, 097. 8 9 Prepaid expenses and deferred charges 10 10 10a 39, 203. 0 100 0 11 Investments - ublicly traded securities 11 12 12 12 Investments - ublicly traded securities 14 14 13 Investments - ublicly inductions 1 froncup in 5 (must equal line 34) 12 12 13 14 Intrastasta. 14 14 14 14 15 16 <td< th=""><th></th><th>1</th><th>Cash - non-interest-bearing</th><th></th><th></th><th></th><th>1</th><th>115,134.</th></td<>		1	Cash - non-interest-bearing				1	115,134.
4 Accounts receivable, net 79,113.4 4 86,080 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 49580(10)), persons described in section 49580(30(8), and contributing employees' beneficiary organizations of section 501(0)(9) voluntary employees' beneficiary organizations (see inst). Complete Part II of Sch L 7 7 Notes and loans receivable, net 7 8 7 9 9 Prepaid expenses and deterred charges 4,097.9 7,709 10a Land, buildings, and equipment: cost or other 10b 39,203.0 0 10c 0 11 Investments: publichy traded securities 111 12 11 12 11 12 12 Investments: publichy traded securities 111 13 14 14 14 13 Investments: publichy traded securities 14 14 14 14 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 231,884.16 252,150 21 22 22		2				98,282.	2	43,227.
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Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Image: Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Image: Complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 69, 325. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			Schedule D				25	
sourcecomplete lines 27 through 29, and lines 33 and 34.27Unrestricted net assets28Temporarily restricted net assets29Permanently restricted net assets29Organizations that do not follow SFAS 117 (ASC 958), check here ▶□and complete lines 30 through 34.		26				4,815.	26	3,519.
27 Unrestricted net assets 157,744.27 153,193 28 Temporarily restricted net assets 69,325.28 95,438 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶□ 29 b and complete lines 30 through 34. 157,744.27 153,193					k here ► 🛛 🖄 and			
চ and complete lines 30 through 34.	sec							152 102
চ and complete lines 30 through 34.	anc							153,193.
চ and complete lines 30 through 34.	Bal			09,323.		95,438.		
চ and complete lines 30 through 34.	nd	29			29			
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31			-					
30 Capital stock of trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31	S 0	20			20			
Paid-in or capital surplus, or land, building, or equipment tund []	set							
32 Retained earnings, endowment, accumulated income, or other funds 32	t As				F			
32 Retained earnings, endowment, accumulated income, or other hunds 32 33 Total net assets or fund balances 227,069.33	Nei					227.069.		248,631.
								252,150.
							0-1	Form 990 (2015)

Part X | Balance Sheet

	990 (2015) SIERRA NEVADA ALLIANCE	77-034	3881	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			85.
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.
3	Revenue less expenses. Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	225	7,0	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-2	77.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	248	3,6	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
				000	

Form **990** (2015)

SCHEDULE A	
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(Form	990	or	990	-EZ)
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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.

2015
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ormation about Schedule A (Form	990 or 990-EZ) and its instructions	is at www.irs.gov/form990.
Simation about Schedule A (Form	350 01 350-LZ and its insudenois	15 at

Info

Name	of t	he organization ੧ T ਜਾਣ	RA NEVADA	AT.T.TANCE					identification number 7-0343881
Par		Reason for Public (omplete th	is nart) Se	e instruction		7-0343001
		ization is not a private found							
1	yan	A church, convention of ch				,			
2		A school described in secti					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2 L 3 L		A hospital or a cooperative					::)		
3 L 4 [A medical research organiz						(iiii) Entor	the bespital's name
- L		city, and state:	ation operated in co	njunction with a nospita		a in Sectio			the hospital s hame,
5 [An organization operated for	or the benefit of a c	ollege or university owne	d or opera	ted by a g	overnmentalı	init describ	ed in
0 2		section 170(b)(1)(A)(iv). (C			a or opora	lou by u g	ovonniontare		
6		A federal, state, or local gov		mental unit described in	section 17	70(b)(1)(A)	(v).		
_	X	An organization that norma						he general	public described in
		section 170(b)(1)(A)(vi). (C						general	
8 [A community trust describe)(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma			-	contributi	ons. members	hip fees. a	nd aross receipts from
		activities related to its exen							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor		. ,		·	2	•	·
10 [An organization organized a	and operated exclus	sively to test for public s	afety. See	section 50)9(a)(4).		
11 [An organization organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section §	6 09(a)(3). C	Check the box in
		lines 11a through 11d that	describes the type	of supporting organizatio	on and con	nplete lines	s 11e, 11f, and	d 11g.	
а		Type I. A supporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s), 1	ypically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting
		organization. You must c	omplete Part IV, S	ections A and B.					
b		Type II. A supporting org	anization supervise	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ving
		control or management o	f the supporting or	ganization vested in the s	same perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV	, Sections A and C.					
с		Type III functionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	ly integrate	ed with,
		its supported organization	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A sup	porting organization ope	rated in co	nnection v	vith its suppo	ted organi	zation(s)
		that is not functionally int	egrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	-						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or		, .	0 0				
		r the number of supported of							
g		ride the following informatior) Name of supported	about the support	ed organization(s). (iii) Type of organization	(iv) is the o	rganization	(v) Amount of	monetary	(vi) Amount of
	,	organization		(described on lines 1-9	listed	in your	support	,	other support (see
		Ũ		above (see instructions))	governing of Yes	document?	instructi		instructions)
					165	NO			
Total									
	or P	aperwork Reduction Act N	lotice, see the Inst	ructions for			Scher	lule A (For	m 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE Part II Support Schedule for Organizations Described in Sec

77-0343881 Page 2

tII	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.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015	(f) Total						
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.") 1377014. 1335550. 1356218. 939,283. 835,503. 5	5843568.						
2 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
4 Total. Add lines 1 through 3 1377014. 1335550. 1356218. 939,283. 835,503. 5	5843568.						
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly							
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
column (f)							
	5843568.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015	(f) Total						
	5843568.						
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties	1 1 0 0						
and income from similar sources 377. 258. 223. 223. 28.	1,109.						
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 VI.)							
	5844677.						
	149,267.						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here Section C. Computation of Public Support Percentage	>						
	99.98 %						
	0.0.0						
	,-						
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a							
stop here. The organization qualifies as a publicly supported organization	······ · · · · · · · · · · · · · · · ·						
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this l							
and stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
Interest of the second and second and the second and s	······ 🚩 💶 🗌						

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20 ⁻	15 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	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						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20 ⁻	15 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	organization,
							▶∟
	ction C. Computation of Publi						
	Public support percentage for 2015 (li			column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
1 9a	33 1/3% support tests - 2015. If the	-					Id line 17 is not
_	more than 33 1/3%, check this box ar						>
b	33 1/3% support tests - 2014. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check t			
53202	23 09-23-15				Sch	edule A (Fo	orm 990 or 990-EZ) 2015

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2015.03040 SIERRA NEVADA ALLIANCE

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Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE Part IV Supporting Organizations (continued)

			Yes	No
	Liss the exception eccented a gift or contribution from any of the following percepto?		Tes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Jec			Vee	Na
	Did the diverters the state of the second supervised eventiations have the neurophy		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9		0-EZ	2015

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2015.03040 SIERRA NEVADA ALLIANCE

Schedule A (Form 990 or 990-EZ) 2015 SIERRA NEVADA ALLIANCE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting org	ganization (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Schedule A (Form 990 or 990 EZ) 2015 SIERRA NEVADA ALLIANCE

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
;	Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
-	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributions of phot years			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			
				[Forme 000 or 000 FZ) 0

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A	(Form 990 or 990-EZ) 2015	SIERRA N	IEVADA	ALLIANCE		77-0343881 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8;	a tion. Provide 2, 3b, 3c, 4b, 4c es 2 and 3; Par	e the explan , 5a, 6, 9a, 9 t IV, Section	ations required by F 9b, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a or d 11c; Part IV, Section B, lines 1 3a and 3b; Part V, line 1; Part V omplete this part for any additio	[.] 17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)					
532028 09-23-	15				Schedul	e A (Form 990 or 990-EZ) 2015

09171010 148136 16033.0 2015.03040 SIERRA NEVADA ALLIANCE

16033_01

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

77-0343881

Name of the	organization	

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

SIERRA NEVADA ALLIANCE

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organ	ization
---------------	---------

77-0343881

SIERRA NEVADA ALLIANCE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE JOSEPH & VERA LONG FOUNDATION 500 YGNACIO VALLEY ROAD WALNUT CREEK, CA 94596	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ARNTZ FOUNDATION PO BOX 66488 SCOTTS VALLEY, CA 95067	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page **2**

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2015.03040 SIERRA NEVADA ALLIANCE

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77-0343881

SIERRA NEVADA ALLIANCE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part I		
(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
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		— 1	1

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2015.03040 SIERRA NEVADA ALLIANCE

Name of org	anization		Employer identification number
STERRA	A NEVADA ALLIANCE		77-0343881
Part III		tributions to organizations describe	bed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000	00 or less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Tarti			
F		(e) Transfer of g	lgift
F	Transferee's name, address, a	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
F		(e) Transfer of g	gift
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.		1	<u> </u>
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of g	gift
	Transferee's name, address, a	nd 7 ID + 4	Relationship of transferor to transferee
F			
(a) No. from	<i></i>		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
F			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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	HEDULE D		al Financial Statements		OMB No. 1545-0047
(For	m 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUID Open to Public
	tment of the Treasury al Revenue Service	Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at <i>www.irs.gov/</i>	form99	
	e of the organizat			1	oloyer identification number
	-	SIERRA NEVADA ALLI		-	77-0343881
Pa	rt I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	\ccou	Ints.Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fun	ds and other accounts
1		nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	-		writing that the assets held in donor advised fur		
_			exclusive legal control?		Yes II No
6	-		dvisors in writing that grant funds can be used	•	
			or donor advisor, or for any other purpose confe	-	
Pa	impermissible priv				
		· · · · · · · · · · · · · · · · · · ·	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organizat			tent lend en e
		n of land for public use (e.g., recreation or e	education) Preservation of a historically Preservation of a certified h	, i	
		of natural habitat n of open space	Preservation of a certified h	ISTOLIC	structure
2			fied concernation contribution in the form of a c		ation accoment on the last
2	•	• • •	fied conservation contribution in the form of a co	Sinserva	Held at the End of the Tax Year
_	day of the tax yea			20	
a h				2a Oh	
b			ucture included in (a)	2b 2c	
ے اب			after 8/17/06, and not on a historic structure	20	
d				2d	
3			leased, extinguished, or terminated by the orga		during the tax
5	year	reation easements mounied, transiened, re	leased, extinguished, or terminated by the organ	iizatioi	r duning the tax
4		where property subject to conservation ea	sement is located		
5		ation have a written policy regarding the pe			
Ŭ	•	forcement of the conservation easements i			Yes No
6			handling of violations, and enforcing conservat		
-					onnonno adming ano your
7	Amount of expense	 ses incurred in monitoring, inspecting. hand	lling of violations, and enforcing conservation ea	asemer	its during the year
	▶\$				···· ·································
8	-	rvation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(I	B)(i)	
					Yes No
9			on easements in its revenue and expense state		and balance sheet, and
	include, if applica	ble, the text of the footnote to the organiza	tion's financial statements that describes the or	ganizat	ion's accounting for
	conservation ease	ements.			
Pa	rt III Organiz	ations Maintaining Collections o	f Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete i	if the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd bala	ance sheet works of art,
	historical treasure	es, or other similar assets held for public exl	nibition, education, or research in furtherance of	i public	service, provide, in Part XIII,
		otnote to its financial statements that descr			
b	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	salance	sheet works of art, historical
	-		ducation, or research in furtherance of public se		
	relating to these it	-			-
	-			🕨 :	\$
		ed in Form 990, Part X			\$

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovic	le
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$

u	rievenue included off offit 550,1 art	viii, iii o i
b	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

► \$ ► \$

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2015.03040 SIERRA NEVADA ALLIANCE

Sche	dule D (Form 990) 2015 SIERRA	NEVADA ALL	IANCE				77-0343881 P			age 2	
Pa	rt III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	easures, c	or Othe	er Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check ar	y of the	following tha	it are a si	ignificant u	se of its	collectio	n item	S
	(check all that apply):										
a		C			nange progra						
b	Scholarly research	e	e 🛄 Oth	er							
c	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				7.		٦.,
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
1 0	reported an amount on Form 990, Pa		ete il trie orç	Janizatio	n answered	res on	F0111 990	, Part IV,	line 9, 0		
1a	Is the organization an agent, trustee, custod		diary for cor	tribution	s or other as	sets not	included				
Ĩ	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										1.10
-			July 100						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f											
2a	Did the organization include an amount on F								Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								<u></u>]
Pa	rt V Endowment Funds. Complete i	f the organization ar	nswered "Ye	s" on Fo							
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three ye	ears back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the curr	rent veer and belong		olump (o)) hold oo;						
2	Board designated or quasi-endowment		%	olumn (a	l)) heid as.						
	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that a	e held a	nd administe	ered for t	he organiza	ation			
	by:						ine er gennin		1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fun	ds.							
Pa	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, lir	ne 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c		• •	or other	• •	ccumulate	d	(d) Boo	k value	э
		basis (investr	ment)	basis (other)	dep	oreciation				
	Land										
	Buildings										
	Leasehold improvements			<u> </u>			30 00				
	Equipment				0,005. 9,198.		30,00				0.
	Other		V anteres		-		9,13	<u>\</u>			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	х, column (в), Iine 1	UC.)				- /-		0.

Schedule D (Form 990) 2015

532052 09-21-15

Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related		

Jg

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3))	
(4)		
(5))	
(6)	1	
(7)	1	
(8)	1	
(9)	1	
Total.	, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	►
0 1:		at a field of for a first of the first of the second second second second second second second second second se

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 SIERRA NEVADA ALLIANCE		77-034	43881 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	849,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			849,885.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			849,885.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	828,046.
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			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			828,046.
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 XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
_5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	<u></u>		828,046.
Pa	rt XIII Supplemental Information.			
-		which the second base of the second Ob	Devel V line a A Devel V li	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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532054 09-21-15

SCHEDU	LE	Μ
(Form 99	0)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

15

Name of the organization

Employer identification number
77-0343881

20

SIERRA NEVADA ALLIANCE

Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribu	etermin	•	S
1	Art - Works of art			1 0111 990, Fait VIII, IIIe	9			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ► (SERVICES & MA)	X	40	62 23/	BOOK VALUE			
25 26		Δ	<u> </u>	02,23				
26 27	Other ▶ () Other ▶ ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ration durin	I the tax year for c	contributions				
	for which the organization completed Form 828							
	····	,,-					Yes	No
30a	During the year, did the organization receive by	contributio	on any property rej	oorted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?)				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31								Х
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							

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Schedule M (Form 990) (2015)

532141 08-21-15

Page **2** Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

532142 08-21-15		Schedule M (Form 990) (2015)

77-0343881

09171010 148136 16033.0

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No 1545-0047 5 Open to Public Inspection

Employer identification number 77-0343881

SIERRA NEVADA ALLIANCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENSURING HEALTHY AND SUSTAINABLE COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11:

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW THE TAX RETURN PRIOR

TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS SELF-ENFORCES THEIR CONFLICT OF INTEREST POLICY AND

THE EXECUTIVE DIRECTOR ENFORCES THE POLICY WITH ALL EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR. IF MERITED, THE BOARD MAY RAISE THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON A SALARY SURVEY OF CALIFORNIA NON-PROFITS.

FORM 990, PART VI, SECTION C, LINE 18:

TAX RETURN IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND/OR BY REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT PRINCIPAL PLACE

OF BUSINESS.

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Schedule O (Form 990 or 990-EZ) (2015)