

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
SIERRA CHILD AND FAMILY SERVICES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 1987

City or town, state or province, country, and ZIP or foreign postal code  
DIAMOND SPRINGS, CA 956191987

**D** Employer identification number  
68-0166134

**E** Telephone number  
(530) 626-2589

**G** Gross receipts \$ 4,863,260

**F** Name and address of principal officer  
BARRY HARWELL  
PO BOX 1987  
DIAMOND SPRINGS, CA 95619

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW.SIERRACHILDANDFAMILYSERVICES.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1988

**M** State of legal domicile CA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
RESIDENTIAL CARE AND TREATMENT OF EMOTIONALLY AND PHYSICALLY NEGLECTED CHILDREN

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	5
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	57
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,569,502	4,863,260
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,569,505	4,863,260

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,882,604	3,088,585
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,450		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,696,760	1,758,493
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,579,364	4,847,078
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-9,859	16,182

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	961,047	989,692
<b>21</b> Total liabilities (Part X, line 26)	254,398	266,861
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	706,649	722,831

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and 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: \*\*\*\*\* Date: 2020-03-26

BARRY HARWELL CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2020-03-26 Check  if self-employed PTIN:

Firm's name ▶ KENNETH A BERSINGER CPA Firm's EIN ▶

Firm's address ▶ 9821 FAIR OAKS BL STE C Phone no (916) 863-1040  
FAIR OAKS, CA 95628