



LTCC Foundation Finance Committee Meeting AGENDA

Regular Meeting

Monday, April 15, 2015
Lake Tahoe Community College
Board Room
4:30 p.m.

Call to Order

I. Discussion and Reports

- A. Report from Ad Hoc Committee on Staffing
- B. Finance and Executive Committee (Murillo)
- C. Treasure's Report (DeFranco)
 - 1. Review of Quarterly Financials
 - 2. Foundation Directors and Officers Insurance Update

II. Action Items

- A. Consideration of Approval of Minutes – March 18, 2015
- B. Consideration of Approval of the Foundation's 2013 Tax Return
- C. Consideration of Approval to Form Executive Committee
- D. Consideration of Approval of Job Description for LTCC Foundation Executive Director and College Advancement
- E. Consideration of Approval of Designating Additional Program Support to the Foundation for the Future Scholarship
- F. Process for Requesting Additional Funds for the College Programs

III. Next Regular Meeting – May 20, 2015 at 4:30 p.m.

IV. Adjournment

LTCC FOUNDATION
FY 14/15 Budget vs Actual
As of March 31, 2015

Beginning Balance at July 1, 2014

Revenues

8110	Annual Fund
8120	Taste of Gold
8123	Art Auction
8500 & 8600	Investment Income
8220	Program Support
8270	University Center
8210	Scholarships & Awards
8210	Foundation for the Future
8130	Other Revenue Sources

Total Income

Expenses

2000	Foundation Staff Salary
3000	Foundation Staff Benefits
4400	Taste of Gold
4110 U & 7110/7200 R	Program Support
4400	Art Auction
5210 & 5240	Advertising & Marketing Promotions
5250	Office Supplies
5260	Meeting Supplies
5330	Printing & Reproduction
5320 & 5340	Credit Card Merchant Fees
5350 & 7001	Investment Expense
7100	Scholarships & Awards
4100	Foundation for the Future
4460 & 5360	Miscellaneous/Contingency

Total Expenses

Net Income/(Loss) from Operations
Unrealized Gain/(Loss) on Investments

Ending Balance

	FY 14/15 Approved Budget July 1, 2014 - June 30, 2015		3rd Quarter Actual Jan.1, 2015 - Mar. 31, 2015		Year-to-Date Actual Jul.1, 2014 - Mar.31, 2015		Year-to-Date Variance FY 14/15 Budget vs Actual	
	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted	Unrestricted	Restricted
Beginning Balance at July 1, 2014	331,381	1,081,878			331,381	1,081,878		
Revenues								
8110 Annual Fund	40,000		10,647		36,320		(3,680)	-
8120 Taste of Gold	45,260		533		42,952		(2,308)	-
8123 Art Auction	6,000	6,000					(6,000)	(6,000)
8500 & 8600 Investment Income	10,000	14,000	2,109	3,262	11,201	17,502	1,201	3,502
8220 Program Support		65,000		4,091		67,134	-	2,134
8270 University Center		-		2,000,000		2,000,000		
8210 Scholarships & Awards		60,000		10,374		57,403		(2,597)
8210 Foundation for the Future		5,000						
8130 Other Revenue Sources	5,000				110		(4,890)	-
Total Income	106,260	150,000	13,289	2,017,727	90,583	2,142,039	(15,677)	(2,961)
Expenses								
2000 Foundation Staff Salary	37,509		18,125		30,701		(6,808)	-
3000 Foundation Staff Benefits	20,991		9,945		16,570		(4,421)	-
4400 Taste of Gold	8,000				12,561		4,561	-
4110 U & 7110/7200 R Program Support	15,000	87,000	(1,072)	21,488	5,881	83,692	(9,119)	(3,308)
4400 Art Auction	500		433		433		(67)	-
5210 & 5240 Advertising & Marketing Promotions	5,000		1,124		1,287		(3,713)	-
5250 Office Supplies	400		-				(400)	-
5260 Meeting Supplies	860		429		493		(367)	-
5330 Printing & Reproduction	1,000		-		537		(463)	-
5320 & 5340 Credit Card Merchant Fees	1,000		208		808		(192)	-
5350 & 7001 Investment Expense	1,000		249	389	739	1,150	(261)	1,150
7100 Scholarships & Awards		70,000		13,604		58,100		(11,900)
4100 Foundation for the Future	10,000	5,000	13,000	-	13,000	-	3,000	(5,000)
4460 & 5360 Miscellaneous/Contingency	5,000		1,975		3,574		(1,426)	-
Total Expenses	106,260	162,000	44,416	35,481	86,584	142,942	(19,676)	(19,058)
Net Income/(Loss) from Operations	0	(12,000)	(31,127)	1,982,246	3,999	1,999,097	3,999	2,011,097
Unrealized Gain/(Loss) on Investments	0	0			8,328	13,006	8,328	13,006
Ending Balance	331,381	1,069,878	(31,127)	1,982,246	343,708	3,093,981	12,327	2,024,103

LTCC FOUNDATION
UNRESTRICTED BUDGET COMPARISON

	FY 13/14 Revised Budget July 1, 2013 - June 30, 2014	FY 13/14 Actual July 1, 2013 - June 30, 2014	FY 14/15 Budget July 1, 2014 - June 30, 2015	FY 14/15 YTD Actual July 1, 2014 - March 31, 2015
Revenues	\$ 116,500	\$ 103,098	\$ 106,260	\$ 90,583
Expenses	\$ 116,500	\$ 117,544	\$ 106,260	\$ 86,584
Net Income/(Loss)	<u>\$ -</u>	<u>\$ (14,446)</u>	<u>\$ -</u>	<u>\$ 3,999</u>

LTCC Foundation
FY 2014-2015
July 1, 2014 to March 31, 2015

Revenues

Unrestricted	\$ 90,583	
Restricted	<u>2,142,039</u>	
Total Revenue		\$ 2,232,622

Expenses

Operating Expenses

Unrestricted	\$ 67,703	
Restricted	<u>1,150</u>	
Total Operating Expenses		\$ 68,853

Scholarships & Program Support

Unrestricted	\$ 18,881	
Restricted	<u>141,792</u>	
Total Scholarships & Program Support		\$ <u>160,673</u>
Net Income/(Loss)		\$ <u>2,003,096</u>

**LTCC Foundation
ANNUAL FUND**

FY 12-13/FY 13-14/FY 14-15 Revenue Comparison

Qtr #	Quarter Period	FY 12-13	FY 13-14	FY 14-15	FY 13-14 to FY 14-15 \$ Change	FY 13-14 to FY 14-15 % Change
Q1	July 1 - September 30	\$ 6,474	\$ 6,759	\$ 1,323	\$ (5,436)	-80%
Q2	October 1 - December 31	12,797	15,482	24,349	\$ 8,867	57%
Q3	January 1 - March 31	6,410	1,539	10,647	\$ 9,108	592%
Q4	April 1 - June 30	58,443	8,684			
FY TOTAL		\$ 84,125	\$ 32,465	\$ 36,319	\$ 12,538	12%

LTCC Foundation
BALANCE SHEET
As of March 31, 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Assets				
Current Assets				
Checking	10,132	107,788		117,920
Money Market	119	27,110		27,229
Undeposited Funds	2,639	300		2,939
Prepaid Expense		16		16
Total Current Assets	12,890	135,214	0	148,104
Other Assets				
General Investment 01	111,939	86,104		198,043
AAUW Investment (see Money Market, restricted)				0
Haldan Art Gallery Investment		97,069		97,069
Matt Luerken Memorial Investment		8,376		8,376
University Center Investment		2,000,027		2,000,027
Foundation Endowment	161,638	102,403		264,041
General Investment 02	57,051			57,051
Endowment Challenge		239,525	345,000	584,525
K Baretta Mem Endowment		134	10,000	10,134
S Fatehyar Mem Endowment		217	11,300	11,517
W Strong Mem Endowment		444	45,000	45,444
Osher Endowment (Held with Fiscal Agent)			13,334	13,334
Total Other Assets	330,628	2,534,299	424,634	3,289,561
Total Assets	343,518	2,669,513	424,634	3,437,665
Liabilities				
Accounts Payable	(190)	166		(24)
Deferred Income				0
Total Current Liabilities	(190)	166	0	(24)
Net Assets				
Beginning Balance	331,381	657,244	424,634	1,413,259
Net Income/(Loss) from Operations & Investments	12,327	2,012,103		2,024,431
Ending Balance	343,708	2,669,347	424,634	3,437,690
Total Liabilities & Net Assets	343,518	2,669,513	424,634	3,437,665

LTCC FOUNDATION
2014-2015 Restricted Programs
As of March 31, 2015

<u>Restricted Program</u>	<u>Expensed</u>
40th Anniversary Book	350
Anatomy & Physiology	1,850
Art Program	200
Barkley Sculpture	(211)
Book Lending Program	9,529
Community Education	128
Culinary Arts Program	1,626
Friends of LTCC Soccer	1,244
Friends of the Music Department	1,095
Friends of the Theatre	375
ISSI	2,311
Ledbetter Terrace	6,532
Measure F	43,033
Speaker Spotlight Series	1,283
Writers' Series	4,926
Rest. Contributions to LTCC	<u>9,420</u>
Total	<u><u>83,692</u></u>

**LTCC Foundation
IN KIND DONATIONS**

1st Quarter (July - September)	4,405
2nd Quarter (October - December)	-
3rd Quarter (January - March)	24,821
4th Quarter (April - June)	-
TOTAL	<u><u>29,226</u></u>



LTCC Foundation Finance Committee Meeting Minutes

Regular Meeting

Wednesday, March 18, 2015
Lake Tahoe Community College
Board Room
4:30 p.m.

Attendance: Julie Booth, Dr. Bob Cliff, Kerry David, Jeff DeFranco, Bob Novasel, Leon Malmed, Dr. Kindred Murillo

Guest: Terri Montgomery, Partner, Vavrinek, Trine, Day & Co., LLP

Call to Order

The meeting was called to order by Bob Novasel at 4:32 p.m.

I. Discussion and Reports

A. Directors and Officers Insurance Update

Jeff DeFranco reviewed the insurance proposal from Keenan with Hartford/Twin City Fire Insurance Company. A one million dollar aggregate limit within one year was common for an organization of this size. Jeff reviewed the premiums and fees as well as the limitations and exclusions. Jeff will look into raising the limit to two million. Should the cost not exceed an additional \$200, staff will move forward with the contract.

B. Annual Fiscal Year 2013/14 Audit Report

Terri Montgomery reviewed the Foundation's 2013/14 Audit Report. Terri noted that the LTCC Foundation was presented fairly and the audit overall was very clean. Terri updated the committee on the current assets, total liabilities, and the cumulative gift-in-kind donations. Bob Novasel raised concern over the change in net assets of unrestricted funds. Staff will bring this clarification to the April meeting.

Terri reviewed the cash flows from the Foundation's operating activities as well as the summary of the significant accounting policies. Discussion related to accounting for volunteer hours were clarified and staff will be working to track these specialized services.

Terri also clarified that with restricted and unrestricted dollars, donors restrict their funds, and the Board designates. Discussion of amending the University Center Agreement to allow the LTCC Foundation to designate the remaining funds for other purposes once the contract has been fulfilled took place.

Staff will bring a crosswalk of the how the audit translates to the Foundation's annual budget.

It was noted an Audit committee will soon be required due to the new major donation the Foundation received.

C. Progress on 2013 Foundation Tax Return (Montgomery)

Terri also reviewed the Foundation's 2013 Form 990. Discussions related to scholarships, payouts, and donor intent took place. Additional discussion related to a conflict of interest policy (Form 700) and a document retention policy took place.

Edits to page 7 specific to the former directors of trustees will be updated prior to bringing this to the next meeting for approval. Terri reviewed Schedule B and reviewed the major monetary and gift-in-kind contributions.

D. Progress from Ad Hoc Committee on Staffing

The executive committee would set the goals for the Executive Director who would ultimately report to the Superintendent/President. With the departure of Julie Booth moving to another department to work towards her master's degree, the Foundation will organize a meeting to draft a job description, identify the salary ranges, and outline other critical functions for the Foundation moving forward.

E. Membership Process

Dr. Murillo wanted to clarify the membership process in an effort to have consistency with the revised policy that will be coming before the Board to a future meeting.

F. Finance and Executive Committee (Murillo)

Discussion of a developing a membership committee took place.

II. Action Items

A. Consideration of Approval of Minutes – January 21, 2015

Moved David/Seconded DeFranco/approved unanimously to approve the January 21, 2015 Finance Committee meeting minutes as presented.

B. Consideration of Approval of Funding for Staffing

This item was postponed to a future meeting for approval.

III. Next Regular Meeting – April 15, 2015 at 4:30 p.m., Board Room

IV. Adjournment

VAVRINEK, TRINE, DAY & CO., LLP
5000 HOPYARD ROAD, SUITE 335
PLEASANTON, CA 94588-3351
(925) 734-6600

April 10, 2015

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION
ONE COLLEGE DRIVE
SOUTH LAKE TAHOE, CA 96150

Dear Client:

Your 2013 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2013 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by June 15, 2015. Mail your California payment voucher, Form 3586, on or before June 15, 2015 to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$50 payable by May 15, 2015. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2015 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

TERRI MONTGOMERY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 2014.

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

JEFF DEFRANCO

TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>219,391.</u>
2 a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize VAVRINEK, TRINE, DAY & CO., LLP to enter my PIN 01855 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 94288259926
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2013)

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C LAKE TAHOE COMMUNITY COLLEGE FOUNDATION ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	D Employer Identification Number 68-0383810 E Telephone number 530-541-4660 G Gross receipts \$ <u>246,670.</u>
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F Name and address of principal officer: SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/>

I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

J Website: <u>N/A</u>	H(c) Group exemption number <u>▶</u>
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u>▶</u>	L Year of formation: <u>1995</u>	M State of legal domicile: <u>CA</u>
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Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE FOUNDATION IS TO WORK FOR EDUCATIONAL EXCELLENCE BY ASSISTING AND ENCOURAGING INVESTMENT IN THE DEVELOPMENT AND GROWTH OF EDUCATIONAL OPPORTUNITIES AT LAKE TAHOE COMMUNITY COLLEGE DISTRICT.</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 0
6	Total number of volunteers (estimate if necessary)	6 20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 180,321. Current Year: 166,355.
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,130. 25,415.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,208. 27,621.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,659. 219,391.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	117,142. 198,156.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,059.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) <u>▶ 6,245.</u>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,855. 10,351.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	138,997. 264,566.	
19 Revenue less expenses. Subtract line 18 from line 12	88,662. -45,175.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,400,811. End of Year: 1,484,198.
	21 Total liabilities (Part X, line 26)	34,590. 70,938.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,366,221. 1,413,260.

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	<u>DRAFT</u> Signature of officer	Date
	<u>JEFF DEFRANCO</u> Type or print name and title.	TREASURER

Paid Preparer Use Only	Print/Type preparer's name <u>TERRI MONTGOMERY</u>	Preparer's signature <u>DRAFT</u>	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00232100</u>
	Firm's name <u>▶ VAVRINEK, TRINE, DAY & CO., LLP</u>	Firm's EIN <u>▶ 95-2648289</u>			
	Firm's address <u>▶ 5000 HOPYARD ROAD, SUITE 335 PLEASANTON, CA 94588-3351</u>	Phone no. <u>(925) 734-6600</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:

THE MISSION OF THE FOUNDATION IS TO WORK FOR EDUCATIONAL EXCELLENCE BY ASSISTING AND ENCOURAGING INVESTMENT IN THE DEVELOPMENT AND GROWTH OF EDUCATIONAL OPPORTUNITIES AT LAKE TAHOE COMMUNITY COLLEGE DISTRICT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 84,153. including grants of \$) (Revenue \$)

SCHOLARSHIPS AWARDED TO STUDENTS OF LAKE TAHOE COMMUNITY COLLEGE DISTRICT.

4b (Code:) (Expenses \$ 62,268. including grants of \$) (Revenue \$)

CONTRIBUTIONS TO COLLEGE DEPARTMENTS IN ORDER TO SUPPORT STUDENT ACTIVITIES, EDUCATIONAL PROJECTS, AND TECHNOLOGICAL UPGRADES.

4c (Code:) (Expenses \$ 52,582. including grants of \$) (Revenue \$)

ASCENDING SCULPTURE PROJECT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 199,003.

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.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
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.....		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.....		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.....		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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		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.....		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.....	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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.....		X
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.....		X
c 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.....		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....		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)? If 'Yes,' complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.....		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 (see instructions).....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.....	X	
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.....		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>	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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If so, complete Schedule L, Part II.</i>		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? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c 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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
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.	X	

BAA

Part 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="3"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="0"/>		
2 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)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. <input type="text"/>		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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. <input type="text"/>		
13 c	Enter the amount of reserves on hand <input type="text"/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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**

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 12 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent 1 b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? SEE SCHEDULE O 3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7 a	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? 7 a		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body? 8 a	X	
8 b	Each committee with authority to act on behalf of the governing body? 8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? 10 a		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a		X
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b		
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 12 c		
13	Did the organization have a written whistleblower policy? 13		X
14	Did the organization have a written document retention and destruction policy? 14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O 15 a	X	
15 b	Other officers of key employees of the organization. 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ KINDRED MURILLO ONE COLLEGE DRIVE SOUTH LAKE TAHOE CA 96150 530-541-4660

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

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

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

1 a 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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE BISBEE TRUSTEE	1 0	X						0.	0.	0.
(2) PAUL CAMACHO TRUSTEE	1 0	X						0.	0.	0.
(3) DR DEANNA BROTHERS TRUSTEE	1 0	X						0.	0.	0.
(4) BOB CLIFF TRUSTEE	1 0	X						0.	0.	0.
(5) KERRY DAVID TRUSTEE	1 5	X						0.	0.	0.
(6) JEFF DEFRANCO TREASURER	4 50	X		X				0.	147,047.	13,757.
(7) ADELE LUCAS TRUSTEE	1 0	X						0.	0.	0.
(8) LEON MALMED TRUSTEE	1 0	X						0.	0.	0.
(9) JEFF TILLMAN TRUSTEE	1 0	X						0.	0.	0.
(10) JOE TILLSON TRUSTEE	1 0	X						0.	0.	0.
(11) GINA NICEFORO STUDENT TRUSTEE	1 0	X						0.	0.	0.
(12) ROBERT NOVASEL PRESIDENT	1 0	X		X				0.	0.	0.
(13) KINDRED MURILLO SECRETARY	6 50	X		X				0.	189,145.	12,981.
(14) RON ALLING DIRECTOR	1 0	X						0.	0.	0.

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) RYAN FORVILLY DIRECTOR	1 0	X					0.	0.	0.
(16) JAN SMITH DIRECTOR	1 0	X					0.	0.	0.
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							0.	336,192.	26,738.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	336,192.	26,738.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0									

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 166,355.				
	g Noncash contributions included in lines 1a-1f: \$					
h Total. Add lines 1a-1f	▶	166,355.				
PROGRAM SERVICE REVENUE	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶	25,415.		25,415.	
	4 Income from investment of tax-exempt bond proceeds..	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory..	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18	a 54,900.				
		b Less: direct expenses	b 27,279.			
c Net income or (loss) from fundraising events		▶	27,621.		27,621.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a -----						
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶	219,391.	0.	0.	53,036.	

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 or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the United States. See Part IV, line 21	114,003.	114,003.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	84,153.	84,153.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	40,752.		40,752.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,307.		15,307.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	3,895.			3,895.
13 Office expenses	956.		956.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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 O.)				
a <u>PRINTING AND PUBLICATIONS</u>	3,197.	847.		2,350.
b <u>BANK CHARGES</u>	1,903.		1,903.	
c <u>MISCELLANEOUS</u>	400.		400.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	264,566.	199,003.	59,318.	6,245.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	184,334.	1	174,078.
	2 Savings and temporary cash investments	40,095.	2	37,207.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	60.	4	2,610.
	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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,625.	9	2,924.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,173,697.	15	1,267,379.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,400,811.	16	1,484,198.	
LIABILITIES	17 Accounts payable and accrued expenses	20,515.	17	47,763.
	18 Grants payable		18	
	19 Deferred revenue	14,075.	19	23,175.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	34,590.	26	70,938.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	345,447.	27	178,085.
	28 Temporarily restricted net assets	590,140.	28	798,541.
	29 Permanently restricted net assets	430,634.	29	436,634.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,366,221.	33	1,413,260.
34 Total liabilities and net assets/fund balances	1,400,811.	34	1,484,198.	

BAA

Form 990 (2013)

Part 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	219,391.
2	Total expenses (must equal Part IX, column (A), line 25)	2	264,566.
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,366,221.
5	Net unrealized gains (losses) on investments	5	1,613.
6	Donated services and use of facilities	6	90,601.
7	Investment expenses	7	
8	Prior period adjustments	8	
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	1,413,260.

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	343,989.	361,390.	236,949.	180,321.	166,355.	1,289,004.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	343,989.	361,390.	236,949.	180,321.	166,355.	1,289,004.
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).						0.
6 Public support. Subtract line 5 from line 4.						1,289,004.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	343,989.	361,390.	236,949.	180,321.	166,355.	1,289,004.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	23,650.	38,290.	36,349.	30,130.	25,415.	153,834.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.		1,013.	1,050.	16,695.	27,621.	46,379.
11 Total support. Add lines 7 through 10.						1,489,217.
12 Gross receipts from related activities, etc (see instructions).					12	0.
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 .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	86.56 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	88.90 %
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
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.	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a 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.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.						
c 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 assets (Explain in Part IV.)						
13 Total Support. (Add lns 9,10c, 11 and 12.)						

14 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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>
	\$ 27,621.	\$ 16,695.	\$ 1,050.	\$ 1,013.	
TOTAL	<u>\$ 27,621.</u>	<u>\$ 16,695.</u>	<u>\$ 1,050.</u>	<u>\$ 1,013.</u>	<u>\$ 0.</u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

Employer identification number

68-0383810

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

or 990-PF.

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAMP RICHARDSON RESORT P.O. BOX 9028 SOUTH LAKE TAHOE, CA 96158	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AP ARCHITECTS 3434 TRUXTON AVE, STE 240 BAKERSFIELD, CA 93301	\$ 27,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	KATHERINE BARKLEY P.O. BOX 1268 SONOMA, CA 95476	\$ 20,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CA COMMUNITY FOUND ENDOWMENT 221 S. FIGUEROA ST, STE 400 LOS ANGELES, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBERT CLIFF P.O. BOX 8864 SOUTH LAKE TAHOE, CA 96158	\$ 8,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KERRY DAVID P.O. BOX 1968 ZEPHYR COVE, CA 96158	\$ 8,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FOUND FOR CA COMM COLLEGES 1102 Q STREET, STE 3500 SACRAMENTO, CA 95811	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KINDRED MURILLO 1923 MARCONI WAY SOUTH LAKE TAHOE, CA 96150	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PAROSOL TAHOE COMM FOUND 948 INCLINE WAY INCLINE VILLAGE, NV 89451	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROTARY CLUB OF SOUTH LAKE TAHOE P.O. BOX 19517 SOUTH LAKE TAHOE, CA 96150	\$ 9,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ROBERT MURNANE P.O. BOX 387 SOUTH LAKE TAHOE, CA 96156	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	ARCHITECTURAL SERVICES	\$ 14,600.	6/01/14
11	ART COLLECTION	\$ 15,000.	3/19/14
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----
---	-----	\$ -----	-----

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	574,855.	611,856.	652,568.	440,059.	10,800.
b Contributions	6,000.	6,000.		6,500.	34,856.
c Net investment earnings, gains, and losses	16,192.	17,064.	25,376.	277,713.	
d Grants or scholarships	84,153.	60,065.	66,088.	71,604.	
e Other expenditures for facilities and programs				100.	
f Administrative expenses					440,059.
g End of year balance	512,894.	574,855.	611,856.	652,568.	440,059.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' to 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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	1,267,379.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	1,267,379.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	311,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	1,613.
	b Donated services and use of facilities	2b	90,601.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	92,214.
3	Subtract line 2e from line 1	3	219,391.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	219,391.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	355,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	90,601.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	90,601.
3	Subtract line 2e from line 1	3	264,566.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	264,566.

Part XIII Supplemental Information.

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.

--- **PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND** ---
 --- THE ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS FOR STUDENTS ATTENDING LAKE TAHOE ---
 --- COMMUNITY COLLEGE DISTRICT. ---

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

Employer identification number

68-0383810

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		TASTE OF GOLD (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
	1	Gross receipts	54,900.		54,900.	
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	54,900.		54,900.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	27,279.		27,279.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				27,279.
	11	Net income summary. Subtract line 10 from line 3, column (d)				27,621.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

Employer identification number

68-0383810

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LAKE TAHOE COMMUNITY COLLEGE ONE COLLEGE DRIVE S. LAKE TAHOE, CA 96150	80-0543620	GOVNT	52,582.	0.			ASCENDING SCULPTURE PROJECT
(2) LAKE TAHOE COMMUNITY COLLEGE ONE COLLEGE DRIVE S. LAKE TAHOE, CA 96150	80-0543620	GOVNT	61,421.	0.			CONTRIBUTIONS TO COLLEGE DEPARTMENT
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS AND GRANTS	103	84,153.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS - THE FOUNDATION PROVIDES SCHOLARSHIPS TO STUDENTS ATTENDING LAKE TAHOE COMMUNITY COLLEGE. THE FUNDS ARE DISTRIBUTED DIRECTLY TO THE STUDENT. ALL STUDENTS COMPLETE A SCHOLARSHIP FORM ON WHICH THEY MUST INDICATE AND AGREE TO HOW THE FUNDS WILL BE USED FOR ALLOWABLE EDUCATIONAL EXPENSES.

GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS - FOUNDATION PROVIDES PARTIAL STAFFING FUNDING TO LAKE TAHOE COMMUNITY COLLEGE FOR STAFF IN SUPPORT OF THE FOUNDATION. DIRECT STAFF TIME ATTRIBUTED TO THE FOUNDATION IS INVOICED ON A MONTHLY BASIS PER THE AGREEMENT BETWEEN THE FOUNDATION AND LAKE TAHOE COMMUNITY COLLEGE

DISTRICT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990. ▶ See separate instructions.**
 ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4 b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 b		
2		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 JEFF DEFRANCO TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	129,049.	0.	17,998.	13,757.	0.	160,804.	0.
2 KINDRED MURILLO SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,147.	0.	17,998.	12,981.	0.	202,126.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

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.**

Name of the organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part 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 determining noncash contribution amounts
1 Art – Works of art	X	2	29,600.	FMV
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
---	-----------	--	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2013

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

FORM 990, PART VI, LINE 3 - DESCRIPTION OF DELEGATED DUTIES TO MANAGEMENT COMPANY

THE LAKE TAHOE COMMUNITY COLLEGE DISTRICT PROVIDES ADMINISTRATIVE SUPPORT FUNCTIONS FOR THE FOUNDATION BY PROCESSING ITS FINANCIAL TRANSACTIONS ON BEHALF OF THE FOUNDATION.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS INITIALLY REVIEWED BY KEY STAFF WORKING WITH THE FOUNDATION, INCLUDING THE LAKE TAHOE COMMUNITY COLLEGE PRESIDENT (SECRETARY TO THE BOARD), VICE PRESIDENT OF ADMINISTRATIVE SERVICES (FOUNDATION TREASURER), ACCOUNTING STAFF SUPPORTING THE FOUNDATION, AND THE FOUNDATION EXECUTIVE DIRECTOR. FORM 990 IS THEN BROUGHT TO THE FOUNDATION FINANCE COMMITTEE FOR REVIEW. THE COMMITTEE IS MADE UP OF THE FOUNDATION BOARD CHAIR AND OTHER BOARD MEMBERS ALONG WITH SOME OF THE AFOREMENTIONED STAFF. FORM 990 IS THEN SUBMITTED. THE FOUNDATION BOARD IS PROVIDED WITH A COPY OF THE 990 FORM IN THE FOUNDATION BOARD PACKET PRIOR TO SUBMISSION. ONCE SUBMITTED THE FORM 990 WILL ALSO BE POSTED ONLINE AT [HTTP://LTCC.EDU/WEB/DONATE/FINANCIALS](http://LTCC.EDU/WEB/DONATE/FINANCIALS)

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

COMPARISON TO SIMILAR POSITIONS AT OTHER ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 - ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

Employer identification number

68-0383810

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- -----					
(2) ----- ----- -----					
(3) ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) LAKE TAHOE COMMUNITY COLLEGE DISTR ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150 80-0543620	COMMUNITY COLLEGE DISTRICT	CA	GOVNT	N/A	N/A		X
(2) ----- ----- -----							
(3) ----- ----- -----							
(4) ----- ----- -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.....		X
b Gift, grant, or capital contribution to related organization(s).....	X	
c Gift, grant, or capital contribution from related organization(s).....		X
d Loans or loan guarantees to or for related organization(s).....		X
e Loans or loan guarantees by related organization(s).....		X
f Dividends from related organization(s).....		X
g Sale of assets to related organization(s).....		X
h Purchase of assets from related organization(s).....		X
i Exchange of assets with related organization(s).....		X
j Lease of facilities, equipment, or other assets to related organization(s).....		X
k Lease of facilities, equipment, or other assets from related organization(s).....		X
l Performance of services or membership or fundraising solicitations for related organization(s).....		X
m Performance of services or membership or fundraising solicitations by related organization(s).....	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
o Sharing of paid employees with related organization(s).....		X
p Reimbursement paid to related organization(s) for expenses.....		X
q Reimbursement paid by related organization(s) for expenses.....		X
r Other transfer of cash or property to related organization(s).....		X
s Other transfer of cash or property from related organization(s).....		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAKE TAHOE COMMUNITY COLLEGE DISTRICT	B	169,560.	CASH
(2) LAKE TAHOE COMMUNITY COLLEGE DISTRICT	M	56,059.	
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Date Accepted

DO NOT MAIL THIS FORM TO FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2013

8453-EO

Exempt Organization name	Identifying number
LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	68-0383810

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	246,670.
2	Total gross income (Form 199, line 8)	2	246,670.
3	Total expenses and disbursements (Form 199, Line 9)	3	291,845.

Part II Settle Your Account Electronically for Taxable Year 2013

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount	4b	Withdrawal date (mm/dd/yyyy)
---	--	----	--------	----	------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

Part IV Declaration of Officer

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO, intermediate service provider, the reason(s) for the delay.**

Sign Here	Signature of Officer	Date	TREASURER
			Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	VAVRINEK, TRINE, DAY & CO., LLP			FEIN
		5000 HOPYARD ROAD, SUITE 335			95-2648289
				CA	ZIP Code 94588-3351

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
				FEIN
				ZIP Code

For Privacy Notice, get form FTB 1131 ENG/SP.

FTB 8453-EO 2013

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 '2013
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 drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year – See instructions.
Calendar Year – File and Pay by March 17, 2014.

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.

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

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER

--- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2013

**Payment Voucher for Corps and
Exempt Orgs e-filed Returns**

CALIFORNIA FORM

3586 (e-file)

0463508 LAKE 68-0383810 000000000000 13 FORM 3
TYB 07-01-13 TYE 06-30-14
LAKE TAHOE COMMUNITY COLLEGE FOUNDATION
KINDRED MURILLO
ONE COLLEGE DRIVE
SOUTH LAKE TAHOE CA 96150

530-541-4660

TOTAL PAYMENT AMT 10.

059

6181136

CACA1201L 12/13/13 FTB 3586 2013

California Exempt Organization Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 7/01/2013, and ending (mm/dd/yyyy) 6/30/2014

Corporation/Organization Name LAKE TAHOE COMMUNITY COLLEGE FOUNDATION		California corporation number 0463508	
Address (suite, room, or PMB no.) ONE COLLEGE DRIVE		FEIN 68-0383810	
City SOUTH LAKE TAHOE	State CA	ZIP Code 96150	

A First Return Yes No

B Amended Information Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return? Dissolved Surrendered (Withdrawn)

Merged/Reorganized
Enter date (mm/dd/yyyy): _____

E Check accounting method:
1 Cash 2 Accrual 3 Other

F Federal return filed?
1 990T 2 990 PF 3 Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No
If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? Yes No
If 'Yes,' What's the parent's name? _____

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ... Yes No
If 'Yes,' enter gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

CACA1112L 11/20/13

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	80,315.
	2 Gross dues and assessments from members and affiliates.	●	2	
	3 Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B	●	3	166,355.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B ...	●	4	246,670.
	5 Cost of goods sold.	●	5	
	6 Cost or other basis, and sales expenses of assets sold.	●	6	
	7 Total costs. Add line 5 and line 6.		7	
	8 Total gross income. Subtract line 7 from line 4.	●	8	246,670.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	291,845.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	-45,175.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F.		11	10.
	12 Total payments.		12	
	13 Penalties and Interest. See General Instruction J.		13	
	14 Use tax. See General Instruction K.	●	14	
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	●	15	10.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ▶ DRAFT	Title TREASURER	Date	● Telephone 530-541-4660
	Preparer's signature ▶ DRAFT	Date	Check if self-employed ▶ <input type="checkbox"/>	● PTIN P00232100
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address VAVRINEK, TRINE, DAY & CO., LLP 5000 HOPYARD ROAD, SUITE 335 PLEASANTON, CA 94588-3351			● FEIN 95-2648289
	May the FTB discuss this return with the preparer shown above? See instructions.			● Telephone (925) 734-6600

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	25,415.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	54,900.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	80,315.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	198,156.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	40,752.
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	52,937.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	291,845.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		224,429.	●	211,285.
2	Net accounts receivable		60.	●	2,610.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule. ST. 4		1,173,697.	●	1,267,379.
10a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM. 5		2,625.	●	2,924.
13	Total assets		1,400,811.		1,484,198.
Liabilities and net worth					
14	Accounts payable		20,515.	●	47,763.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM. 6		14,075.		23,175.
19	Capital stock or principle fund		1,366,221.	●	1,413,260.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth		1,400,811.		1,484,198.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	-45,175.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5.		-45,175.
7	Income recorded on books this year not included in this return. Attach sch	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6.		-45,175.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY

Schedule of Contributors

OMB No. 1545-0047

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

Employer identification number

68-0383810

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

or 990-PF.

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAMP RICHARDSON RESORT P.O. BOX 9028 SOUTH LAKE TAHOE, CA 96158	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AP ARCHITECTS 3434 TRUXTON AVE, STE 240 BAKERSFIELD, CA 93301	\$ 27,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	KATHERINE BARKLEY P.O. BOX 1268 SONOMA, CA 95476	\$ 20,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CA COMMUNITY FOUND ENDOWMENT 221 S. FIGUEROA ST, STE 400 LOS ANGELES, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROBERT CLIFF P.O. BOX 8864 SOUTH LAKE TAHOE, CA 96158	\$ 8,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KERRY DAVID P.O. BOX 1968 ZEPHYR COVE, CA 96158	\$ 8,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FOUND FOR CA COMM COLLEGES 1102 Q STREET, STE 3500 SACRAMENTO, CA 95811	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	KINDRED MURILLO 1923 MARCONI WAY SOUTH LAKE TAHOE, CA 96150	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	PAROSOL TAHOE COMM FOUND 948 INCLINE WAY INCLINE VILLAGE, NV 89451	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	ROTARY CLUB OF SOUTH LAKE TAHOE P.O. BOX 19517 SOUTH LAKE TAHOE, CA 96150	\$ 9,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	ROBERT MURNANE P.O. BOX 387 SOUTH LAKE TAHOE, CA 96156	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	ARCHITECTURAL SERVICES	\$ 14,600.	6/01/14
11	ART COLLECTION	\$ 15,000.	3/19/14
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization LAKE TAHOE COMMUNITY COLLEGE FOUNDATION	Employer identification number 68-0383810
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS..... \$ 54,900.
TOTAL \$ 54,900.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DIANE BISBEE ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
PAUL CAMACHO ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
DR DEANNA BROTHERS ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
BOB CLIFF ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
KERRY DAVID ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
JEFF DEFRANCO ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TREASURER 4.00	0.	0.	0.
ADELE LUCAS ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
LEON MALMED ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
JEFF TILLMAN ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.
JOE TILLSON ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	TRUSTEE 1.00	0.	0.	0.

LAKE TAHOE COMMUNITY COLLEGE FOUNDATION

68-0383810

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
GINA NICEFORO ONE COLLEGE DRIVE S. LAKE TAHOE, CA 96150	STUDENT TRUSTEE 1.00	\$ 0.	\$ 0.	\$ 0.
ROBERT NOVASEL ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	PRESIDENT 1.00	0.	0.	0.
KINDRED MURILLO ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	SECRETARY 6.00	0.	0.	0.
RON ALLING ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	DIRECTOR 1.00	0.	0.	0.
RYAN FORVILLY ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	DIRECTOR 1.00	0.	0.	0.
JAN SMITH ONE COLLEGE DRIVE SOUTH LAKE TAHOE, CA 96150	DIRECTOR 1.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 3,895.
BANK CHARGES.....	1,903.
MISCELLANEOUS.....	400.
OFFICE EXPENSES.....	956.
OTHER EMPLOYEE BENEFIT.....	15,307.
PRINTING AND PUBLICATIONS.....	3,197.
SPECIAL EVENT EXPENSES.....	27,279.
TOTAL	<u>\$ 52,937.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 9
OTHER INVESTMENTS

..... \$ 1,267,379.
TOTAL \$ 1,267,379.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES..... 2,924.
TOTAL \$ 2,924.

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE..... 23,175.
TOTAL \$ 23,175.

THE ORGANIZATION'S CALIFORNIA TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 199

THE ORGANIZATION SHOULD REVIEW THEIR CALIFORNIA RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

FORM 8453-EO

THE ORGANIZATION SHOULD REVIEW, SIGN AND DATE FORM 8453-EO PRIOR TO YOU E-FILEING THE RETURN.

BALANCE DUE

THERE IS A BALANCE DUE IN THE AMOUNT OF \$10.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR CALIFORNIA ACKS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

PAYMENT INSTRUCTIONS

MAIL FORM 3586 ,WITH PAYMENT, TO: FRANCHISE TAX BOARD, PO BOX 942857, SACRAMENTO CA 94257-0531.

DO NOT MAIL:

FORM 8453-EO

IN

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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



State Charity Registration Number <u>CT 39726</u> <u>LAKE TAHOE COMMUNITY COLLEGE FOUNDATION</u> <small>Name of Organization</small> <u>ONE COLLEGE DRIVE</u> <small>Address (Number and Street)</small> <u>SOUTH LAKE TAHOE, CA 96150</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0463508</u> Federal Employer ID No. <u>68-0383810</u>
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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
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/13 ending 6/30/14) list:
 Gross annual revenue \$ 219,391. Total assets \$ 1,484,198.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 530-541-4660
 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

DRAFT	JEFF DEFRANCO	TREASURER
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

LAKE TAHOE COMMUNITY COLLEGE DISTRICT

Executive Director of the LTCC Foundation and College Advancement

Class Title:	Executive Director of the LTCC Foundation and College Advancement
Bargaining Unit:	Director Meet and Confer
Range:	Range 49
Salary:	\$65,398.32 to \$79,682.40 annually \$5,449.86 to \$6,640.20 monthly

Definition:

The Executive Director of the LTCC (Lake Tahoe Community College) Foundation and College Advancement reports to the Lake Tahoe Community College Foundation board through the Executive Committee and the Superintendent/President of the College who is also a member of the Executive Committee. The Executive Director plans, organizes, coordinates, and executes a comprehensive fundraising program by engaging alumni, the community, corporate donors, local businesses, and friends of the College.

Distinguishing Characteristics:

The Executive Director of the LTCC Foundation and College Advancement serves as the director for the College Foundation and provides supervision to other Foundation staff. The position works with the Foundation board to provide leadership in the areas of fundraising and college advancement.

Representative Duties:

- ❖ Works closely with the Superintendent/President and Foundation Executive Committee to direct and manage the capital and fundraising campaigns; apply for grants; research and identify available grant sources; prepare timely applications; organize fundraisers; contact and engage potential major donors; develop and coordinate fund-raising activities; grow a community wide annual fund drive; review, maintain, and revitalize major fundraisers as required.
- ❖ Engage and expand community partnerships using multiple platforms such as face to face and online communications in an effort to enhance, grow, and leverage resources to support the strategic goals and objectives of the LTCC Foundation, including those related to student success; join local organizations who raise money for Foundation scholarships such as but not limited to Rotary, Soroptimist, and Kiwanis; attend and represent the College and Foundation at local fundraising events organized by other non-profit organizations to expand such partnerships.
- ❖ Develop and maintain a donor recognition plan; monitor processing of gifts; ensure acknowledgements for gifts are sent; develop and coordinate "friend-raising"; give tours of campus; speak at community groups; and create community special events.
- ❖ Lead efforts to produce the Foundation's annual report to donors and constituents, which describes institution-wide accomplishments, fundraising results and other information; manage and grow an efficient and effective development program through the establishment of annual and long-term fundraising goals.
- ❖ Manage a portfolio of priority major gift prospects, identify and cultivate planned giving prospects, develop proposals to corporate and foundation grant makers, and ensure the Foundation annual fundraising reaches restricted and unrestricted goals.
- ❖ Coordinate the work of the Foundation Board of Directors and its committees, developing and implementing policy.

- ❖ Facilitate volunteer activities in the areas of research, cultivation, and solicitation of prospective (individual and corporate) donors.
- ❖ Enhance Foundation/community relationships, establish or enhance programs of donor recognition.
- ❖ Develop and ensure compliance with foundation policies and procedures for fund raising solicitations of individuals, foundations and corporations; all donations to the college; develop and maintain foundation financial structure in conjunction with the Vice President of Administrative Services; maintain records of foundation activities as required by state and federal laws; prepare and submit reports to oversight agencies; ensure regulatory compliance; and perform related duties as assigned.

Employment Standards:

Education and Experience:

- ❖ Bachelor's degree from an accredited institution in marketing, journalism, public relations, communications, public administration, business administrations or a directly related field.
- ❖ Preference for at least four years of demonstrated experience in successful fundraising, marketing, or sales.
- ❖ Current Certified Fundraising Executive (CFRE) status is viewed favorably.
- ❖ Experience in working with the Lake Tahoe area is viewed favorably.

Knowledge of:

- ❖ Foundation fundraising, advancement, development, and marketing to include major gifts and planned giving.
- ❖ Very strong oral and written communication skills including correct English usage, grammar, spelling, punctuation and a diverse vocabulary.
- ❖ Principles and practices of management, supervision, and administration.
- ❖ Public relation skills and principles and practices of marketing, promotion and advertising.
- ❖ Grant writing principles and techniques.

Ability to:

- ❖ Ability to engage community members in an online and face-to face dialogue; multi-task and oversee diverse projects simultaneously; work independently and under pressure; meet deadlines; seek collaboration; and willingness to work a varied schedule.
- ❖ Engage in local organizations and fundraising events on behalf of the College.
- ❖ Plan, organize, direct, and manage fund raising projects showing proof of innovation and achieving high returns for this type of effort.
- ❖ Understand and interpret complex local, state and federal laws, regulations, policies, and practices.
- ❖ Interpret and communicate financial statements and reports.
- ❖ Develop strategies and set goals, as well as report on the progress toward meeting goals.
- ❖ Serve on committees and work with College departments, administration, students, and board of trustees.
- ❖ Work with people from diverse backgrounds and cultures.
- ❖ Prepare, implement and monitor grants.
- ❖ Plan, organize and prioritize tasks.
- ❖ Prepare and deliver oral presentations.
- ❖ Establish and maintain cooperative relationships with those contacted in the course of work.

Desired Personal Attributes:

- ❖ Pleasant – easy to meet and work with
- ❖ Outgoing – has an easy time meeting people and learning about them
- ❖ Friendship – ability to build a friendship base with people they meet
- ❖ Common sense – develops reasonable expectations
- ❖ Flexible – accepts a “no”, but keeps trying at the right times
- ❖ Ability to ask – will ask for support for the Foundation

Additional Requirement (Licensure/Certification):

- ❖ No additional requirement

Supervision:

- ❖ Direction received from the Lake Tahoe Community College Foundation through the Executive Committee and the Superintendent/President.

DRAFT

Executive Director of the Foundation		Salary, Range 49		
District/Agency	Position	Minimum	Midpoint	Maximum
LTCC	Executive Director of the Foundation	65,398	72,540	79,682
Barstow	no match			
College of Siskiyous	Director, Public Relations & College Foundation	49,728	57,909	66,090
Copper Mountain	Executive Director of the Foundation	62,448	78,293	94,138
Feather River	no match			
Lassen	Manager of Auxilliary Services	50,740	62,935	75,129
Mendocino	Executive Director - Mendocino College Foundation, Inc.	95,943	103,505	111,066
Palo Verde	no match			
Piedmont CC, Roxboro, NC		44,000	52,750	61,500
Aurora CC Colorado, Associate Director of Development		39,000	42,000	45,000
Glassdoor.com, Director Corporate and Foundation Relations, George Washington University		96,000	100,000	104,000
Glassdoor.com, Director Corporate and Foundation Relations, Marquette University		84,000	87,500	91,000
Glassdoor.com, Director Corporate and Foundation Relations, Clarkson University		85,000	88,000	91,000
Indeed.com, Executive Director College Foundation, Bellevue, WA		77,000	77,000	77,000
Salary.com, Foundation Director		113,000	113,000	113,000
SimplyHired.com, Director of Development		57,000	64,000	71,000
Salary.com, Ave. College Foundation Director, Sacramento, CA		61,000	61,000	61,000
	Average	65,251	73,048	80,845
	Median	63,923	71,132	78,341
	\$ over/under Median	1,475	1,408	1,341
	% over/under Median	2.3%	1.9%	1.7%



LAKE TAHOE COMMUNITY COLLEGE DISTRICT

POSITION ANNOUNCEMENT

EXECUTIVE DIRECTOR OF THE LTCC FOUNDATON & COLLEGE ADVANCEMENT

Lake Tahoe Community College District announces an excellent opportunity to work with the Lake Tahoe Community College (LTCC) Foundation. The Executive Director of the LTCC Foundation & College Advancement reports to the Lake Tahoe Community College Foundation board through the Executive Committee and the Superintendent/President of the College who is also a member of the Executive Committee. This position plans, organizes, coordinates, and executes a comprehensive fundraising program by engaging alumni, the community, corporate donors, local businesses, and friends of the College.

The Executive Director will work closely with the Foundation Executive Committee and will coordinate with the College on priorities that affect the Foundation. This position also works closely with College officers and Deans to determine the needs of LTCC in order to receive Foundation help. Qualified candidates will be experienced in writing grants for projects that will help the Foundation, and also in general writing for Foundation newsletters and for solicitation and thank you letters for donations.

EXPECTATIONS:

The LTCC Foundation Board is expecting to hire a full time, experienced fundraiser who can ultimately increase the unrestricted fundraising by \$100,000 and keep or increase our restricted fundraising at the same time. To be successful it is expected that the Executive Director meets or exceeds this goal no later than the end of the second year.

FOUNDATION FUNDRAISING TODAY:

The Foundation has three fundraising events per year designed to raise unrestricted funds for the Foundation. Below are a list of events and their budgets for 2014 - 2015.

- Taste of Gold – A food and wine event
\$45,000 income – \$8,000 expenses = \$37,000 net unrestricted revenue
- Art Auction – a joint fundraising event between the LTCC Foundation and the South Lake Tahoe Rotary club. The money is split three ways: ½ going to the Rotary Club, ¼ going for LTCC Art Department for scholarships, ¼ going to the unrestricted donations to the Foundation.
\$6000 Foundation Income – \$500 expenses = \$5,500 net unrestricted income
- Annual Fund Fall Campaign – a letter and email campaign asking for donations.
\$40,000 income - \$1000 expenses = \$39,000 net unrestricted income

A total budgeted unrestricted income of about \$80,000.

The Foundation also has programs for scholarship support. These are restricted funds and we have budgeted raising \$100,000 in 2014 - 2015.

The Foundation is looking forward to raising the unrestricted contributions by the year 2016-2017 (two years from now) by an increase of \$100,000. This will be a major responsibility of the Foundation Executive Director, while maintaining and increasing the restricted donations.

The Executive Director will also be responsible for each of the current unrestricted income activities listed above. We would expect that net revenues from each activity will increase.

DESIRED PERSONAL ATTRIBUTES INCLUDE:

- Pleasant – easy to meet and work with
- Outgoing – has an easy time meeting people and learning about them
- Friendship – ability to build a friendship base with people they meet
- Common sense – develops reasonable expectations
- Flexible – accepts a “no”, but keeps trying at the right times
- Ability to ask – will ask for support for the Foundation

APPLICABLE SKILLS AND EXPERIENCE INCLUDE:

- Engage community members in face to face and online communications
- Join organizations that raise money for scholarships (e.g., the Rotary Club, the Soroptimists, etc.)
- Talk with other organizations that could support the Foundation (for example the CEO organizations)
- Attend fundraising events by other non-profits to meet key people who may not be familiar with the Foundation and its mission
- Multi-task and oversee diverse projects simultaneously
- Willingness to work a varied schedule
- Plan, organize, direct, and manage fundraising projects and events
- Interpret and communicate financial statements and reports
- Develop strategies and set goals, as well as report on the progress toward those meeting goals
- Work with LTCC College board, departments, administration staff, and students
- Prepare, implement and monitor grants
- Plan, organize and prioritize tasks
- Prepare and deliver oral presentations

A. APPLICATION PROCEDURE

Send the following materials to Human Resources:

1. District Application Form. (The job packet is available on our website at www.ltcc.edu/jobs.)
2. Cover letter
3. Resume
4. Demographic Survey (optional)

Note: The District will only consider materials listed above in the selection process, any additions to the application packet will be discarded.

Applicants may be required to submit official transcripts upon offer of employment. Every effort should be made in the application to demonstrate the applicant's ability to meet the qualifications listed for the position.

DEADLINE FOR APPLICATIONS

All applications must be received by Monday, May 15, 2015 to be considered for this opening. LTCC reserves the right to reopen the position or extend the deadline if an adequate applicant pool is not received.

B. SELECTION PROCEDURE

After reviewing applications, those applicants judged most suitable for the position will be invited to initial interviews. These applicants will be notified by phone on or about **Friday, May 15, 2015**. Interviews are tentatively scheduled for **May 21, 2015**. Meeting the minimum requirements does not guarantee an interview.

START DATE

Preferred start date is June 15, 2015, or as soon as mutually agreed.

C. COMPENSATION

Salary: \$65,398.32 to \$79,682.40 annually
\$5,449.86 to \$6,640.20 monthly

Salary will be based upon approved range 49 and step placement subject to experience and education.

The District provides a comprehensive benefit program for employees and their families as well as membership in the Public Employees Retirement System (PERS). Most benefits apply to employees and dependents.

D. THE COLLEGE

Located in the beautiful Sierra Nevada Mountains, Lake Tahoe Community College offers students the opportunity to pursue an Associate in Arts degree, study for university transfer, acquire career and technical skills, complete general education requirements, or pursue lifelong learning. The college is widely recognized as the hub of culture and education for the surrounding community.

The college was established in 1974 and is situated on a 160-acre forested site only two miles from Lake Tahoe and Heavenly Mountain Resort. The current physical plant of the college was first constructed in 1988 and has expanded to 170,000 square feet, including first class physical education, art and theater buildings. A 20,000 square foot library opened in 2006 and an art gallery opened in 2007. The campus also houses the Child Development Center, a model child care facility that accommodates children from six weeks through six years of age. The District also has a well-established and integrated planning and resource and allocation process supported by its participatory governance structure. The District recently received a reaffirmation of accreditation in February 2013.

SOUTH LAKE TAHOE COMMUNITY AND AREA

South Lake Tahoe, California is on the southern shore of Lake Tahoe at an elevation of 6,250 feet and has 30,000 permanent residents. It is an easy 60 mile drive east to Reno with Sacramento is a short 100 miles west, with both cities providing major airports, attractions and amenities of large metropolitan areas. The Lake Tahoe area boasts more than 300 days of sunshine a year, with average winter temperatures of 18 to 36 degrees; summer maximums average a pleasant 78 degrees. The Tahoe region is commonly referred to as the World's Playground with world-class hiking, skiing/riding, kayaking, fishing, camping, restaurants and other recreational opportunities.

E. LAKE TAHOE COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY EMPLOYER

Lake Tahoe Community College adheres to Title IX of the Educational Amendments of 1972 and the Rehabilitation Act of 1973 and is an Equal Opportunity Employer.

F. SPECIAL ACCOMODATIONS

If you are in need of special services or facilities due to a disability in order to apply or interview for this position, please call the office Human Resources at 530-541-4660, ext. 226.

NOTE: All persons hired by Lake Tahoe Community College are required to prove employment eligibility in compliance with the Immigration Reform and Control Act of 1986, obtain a current tuberculosis clearance and submit to a criminal history background check prior to beginning work.

SEND ALL INFORMATION AND INQUIRIES REGARDING THE HIRING PROCESS TO:

Human Resources
Lake Tahoe Community College District
One College Drive, South Lake Tahoe, CA 96150
(530) 541-4660, ext. 226; *FAX: (530) 541-8611*
humanresources@ltcc.edu

All inquiries are considered confidential.



CLASSIFIED EMPLOYMENT INFORMATION

1. A completed District application form must be submitted for each position. To ensure being considered for a classified position with Lake Tahoe Community College, candidates must submit all materials requested in the vacancy announcement by the deadline date. Submission of requested materials is the candidate's responsibility.
2. Candidates wishing to apply for more than one position must submit duplicated materials for each position.
3. If a particular test is being given for the position, you will be notified of the testing time and place.
4. Interviews are held on the campus where the position is located. A second interview may be required of top candidates.
5. In the interview, consideration will be given to various factors, including, but not limited to, education, experience, personal development, ability to work with others, initiative and sensitivity.
6. Travel costs related to the interview or testing will be at the expense of the candidate.
7. The District reserves the right to investigate past employment records of any candidate.
8. The District reserves the right to re-advertise a position or to delay indefinitely the employment of a person for a position if it is deemed by the District that applicants for the position do not constitute an adequate affirmative action recruitment pool.
9. Applicants will be notified when the position is filled. The District does not return to the candidate materials submitted an application for the position. Applications are kept in our file for a period of one year.
10. As required by the Affirmative Action policy of Lake Tahoe Community College District, the Human Resources Department is required to maintain a file that will yield the composition of the applicant flow by minority group and sex. A form will be provided for this purpose. Completing and returning the form is on a voluntary basis by the candidate. If returned, the form will be kept separate from the application and placed in an Applicant Flow File. This information will not be used as a part of our screening process.
11. Lake Tahoe Community College District is an Equal Employment Opportunity Employer.